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(54) **PPARY AGONIST FOR TREATMENT OF PROGRESSIVE SUPRANUCLEAR PALSY**

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(56) **References Cited**

U.S. PATENT DOCUMENTS

4,166,452 A 9/1979 Generales, Jr.
4,256,108 A 3/1981 Theeuwes
4,265,874 A 5/1981 Bensen et al.
4,917,885 A 4/1990 Chiba et al.
5,424,286 A 6/1995 Eng
5,431,917 A 6/1995 Yamamoto et al.
5,462,928 A 10/1995 Bachovchin et al.
5,595,898 A 1/1997 Robinson et al.
5,939,560 A 8/1999 Jenkins et al.
6,011,155 A 1/2000 Villhauer
6,040,145 A 3/2000 Huber et al.
6,100,234 A 8/2000 Huber et al.
6,107,317 A 8/2000 Villhauer

6,110,949 A 8/2000 Villhauer
6,124,305 A 9/2000 Villhauer
6,166,063 A 12/2000 Villhauer
6,172,081 B1 1/2001 Damon
6,200,995 B1 3/2001 De la Brouse-Elwood et al.
6,201,132 B1 3/2001 Jenkins et al.
6,242,422 B1 6/2001 Karanewsky et al.
6,303,661 B1 10/2001 Demuth et al.
6,319,893 B1 11/2001 Demuth et al.
6,380,398 B2 4/2002 Kanstrup et al.
6,395,767 B2 5/2002 Robl et al.
6,407,213 B1 6/2002 Carter et al.
6,413,463 B1 7/2002 Yamamoto et al.
6,432,969 B1 8/2002 Villhauer

(Continued)

FOREIGN PATENT DOCUMENTS

CA 2123128 5/1993
CA 2289124 11/1998

(Continued)

OTHER PUBLICATIONS

Albers et al., "Frontal lobe dysfunction in progressive supranuclear palsy: evidence for oxidative stress and mitochondrial impairment.", *J Neurochem.*, 74(2): 878-81, 2000.

Bacioglu et al., "Neurofilament Light Chain in Blood and CSF as Marker of Disease Progression in Mouse Models and in Neurodegenerative Diseases", *Neuron* 91: 56-66, 2016.

Berg et al., "The adipocyte-secreted protein Acrp30 enhances hepatic insulin action", *Nature Medicine*, 7: 947-953, 2001.

Berge et al., "Pharmaceutical Salts", *Journal of Pharmaceutical Science*, 66, 1-19, 1977.

Bologna et al., "Voluntary, spontaneous and reflex blinking in patients with clinically probable progressive supranuclear palsy.", *Brain* 132: 502-510, 2009.

(Continued)

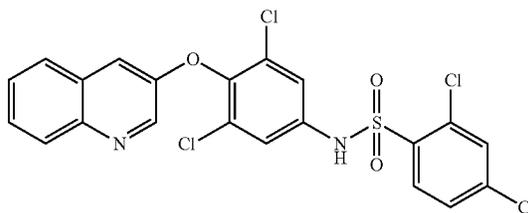
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(57) **ABSTRACT**

Methods of treatment of progressive supranuclear palsy or its symptoms, with PPAR γ agonists, and in particular, the compound of formula (I) known as INT 131: Formula (I). Also provided are methods of treating a subject that include selecting a subject having an elevated level of neurofilament light chain protein in a sample obtained from the subject, as compared to a reference level of neurofilament light chain protein, and administering a pharmaceutical composition including a therapeutically effective amount of a compound of formula (I) to the selected subject.

(I)



20 Claims, 2 Drawing Sheets

Specification includes a Sequence Listing.

(56)

References Cited

U.S. PATENT DOCUMENTS

6,573,287 B2	6/2003	Sulsky et al.	7,754,447 B2	7/2010	Glover et al.
6,583,157 B2	6/2003	McGee et al.	7,939,551 B2	5/2011	Jaen et al.
6,617,340 B1	9/2003	Villhauer	7,960,408 B2	6/2011	McGee et al.
6,645,995 B2	11/2003	Kanstrup et al.	7,968,567 B2	6/2011	McGee et al.
6,649,180 B1	11/2003	Matsuura et al.	8,003,665 B2	8/2011	Kurk et al.
6,653,332 B2	11/2003	Jaen et al.	8,202,893 B2	6/2012	Makriyannis
6,699,871 B2	3/2004	Edmondsun et al.	RE44,512 E	10/2013	Glover et al.
6,706,742 B2	3/2004	De Nanteuil et al.	9,061,020 B2	6/2015	Weinsten
6,710,040 B1	3/2004	Hulin et al.	9,267,164 B2	2/2016	O'Keefe
6,716,843 B2	4/2004	De Nanteuil et al.	9,539,249 B2	1/2017	Weinsten
6,727,261 B2	4/2004	Gobbi et al.	9,675,603 B2	6/2017	Lee et al.
6,770,648 B2	8/2004	McGee et al.	9,867,816 B2	1/2018	Weinsten
6,800,650 B2	10/2004	Boehringer et al.	9,872,844 B2	1/2018	Zemel et al.
6,803,357 B1	10/2004	Bachovchin et al.	10,772,865 B2	9/2020	Mantzoros
6,812,350 B2	11/2004	Hulin	2001/0020006 A1	9/2001	Demuth et al.
6,825,169 B1	11/2004	Bachovchin et al.	2002/0006899 A1	1/2002	Posipilik
6,844,316 B2	1/2005	Niestroj et al.	2002/0019411 A1	2/2002	Robl et al.
6,849,622 B2	2/2005	Tanaka et al.	2002/0049164 A1	4/2002	Demuth et al.
6,861,440 B2	3/2005	Boehringer et al.	2002/0061839 A1	5/2002	Scharpe et al.
6,867,205 B2	3/2005	Boehringer et al.	2002/0065239 A1	5/2002	Caplan et al.
6,869,947 B2	3/2005	Kanstrup et al.	2002/0071838 A1	6/2002	Demuth et al.
6,890,898 B2	5/2005	Bachovchin et al.	2002/0103384 A1	8/2002	Kanstrup et al.
6,890,905 B2	5/2005	Demuth et al.	2002/0110560 A1	8/2002	Demuth et al.
6,902,744 B1	6/2005	Kolterman et al.	2002/0161001 A1	10/2002	Kanstrup et al.
6,911,467 B2	6/2005	Evans	2002/0165164 A1	11/2002	Demuth et al.
7,026,316 B2	4/2006	Ashton et al.	2002/0169185 A1	11/2002	McGee et al.
7,034,039 B2	4/2006	Oi et al.	2002/0183367 A1	12/2002	Sulsky et al.
7,041,691 B1	5/2006	McGee et al.	2002/0198205 A1	12/2002	Himmelsbach et al.
7,053,055 B2	5/2006	Demuth et al.	2002/0198242 A1	12/2002	Demuth et al.
7,060,269 B1	6/2006	Baca et al.	2003/0060494 A1	3/2003	Yasuda et al.
7,060,722 B2	6/2006	Kitajima et al.	2003/0078247 A1	4/2003	De Nanteuil et al.
7,074,794 B2	7/2006	Kitajima et al.	2003/0087950 A1	5/2003	Nanteuil et al.
7,078,281 B2	7/2006	Tanaka et al.	2003/0092630 A2	5/2003	Demuth et al.
7,078,397 B2	7/2006	Arch et al.	2003/0096857 A1	5/2003	Evans
7,084,120 B2	8/2006	Demuth et al.	2003/0100563 A1	5/2003	Edmondsun et al.
7,098,239 B2	8/2006	Edmondsun et al.	2003/0105077 A1	6/2003	Kanstrup et al.
7,101,871 B2	9/2006	Biftu et al.	2003/0119738 A1	6/2003	Niestroj et al.
7,109,192 B2	9/2006	Hauel et al.	2003/0119750 A1	6/2003	Demuth et al.
7,115,650 B1	10/2006	Broqua	2003/0125304 A1	7/2003	Demuth et al.
7,122,555 B2	10/2006	Boehringer et al.	2003/0130199 A1	7/2003	von Hoersten et al.
7,125,863 B2	10/2006	Evans et al.	2003/0130281 A1	7/2003	Boehringer et al.
7,125,873 B2	10/2006	Edmondsun et al.	2003/0134802 A1	7/2003	Demuth et al.
7,132,443 B2	11/2006	Haffner et al.	2003/0136390 A1	7/2003	McGee et al.
7,144,886 B2	12/2006	Evans et al.	2003/0139390 A1	7/2003	McGee et al.
7,157,490 B2	1/2007	Colandrea et al.	2003/0149071 A1	8/2003	Gobbi et al.
7,166,579 B2	1/2007	Demuth et al.	2003/0162820 A1	8/2003	Demuth et al.
7,169,806 B2	1/2007	Evans	2003/0166578 A1	9/2003	Arch et al.
7,169,926 B1	1/2007	Burgess et al.	2003/0195188 A1	10/2003	Boehringer et al.
7,179,809 B2	2/2007	Eckhardt et al.	2003/0199528 A1	10/2003	Kanstrup et al.
7,183,280 B2	2/2007	Himmelsbach et al.	2003/0216382 A1	11/2003	Boehringer et al.
7,183,290 B2	2/2007	Haffner et al.	2003/0216450 A1	11/2003	Evans et al.
7,186,731 B2	3/2007	Shima et al.	2003/0225102 A1	12/2003	Sankaranarayanan
7,186,846 B2	3/2007	Sharma et al.	2003/0232788 A1	12/2003	Karanewsky et al.
7,189,728 B2	3/2007	Evans et al.	2004/0034014 A1	2/2004	Kanstrup et al.
7,192,952 B2	3/2007	Kanstrup et al.	2004/0063935 A1	4/2004	Tanaka et al.
7,196,201 B2	3/2007	Haffner et al.	2004/0072892 A1	4/2004	Fukushima et al.
7,205,323 B2	4/2007	Thomas et al.	2004/0077645 A1	4/2004	Himmelsbach et al.
7,205,409 B2	4/2007	Pei et al.	2004/0082497 A1	4/2004	Evans et al.
7,208,498 B2	4/2007	Mathvink et al.	2004/0082570 A1	4/2004	Yoshikawa et al.
7,217,711 B2	5/2007	Eckhardt et al.	2004/0087587 A1	5/2004	Himmelsbach et al.
7,223,573 B2	5/2007	Patel et al.	2004/0097510 A1	5/2004	Himmelsbach et al.
7,223,761 B2	5/2007	Kurk et al.	2004/0106655 A1	6/2004	Kitajima et al.
7,229,969 B2	6/2007	Ansorge et al.	2004/0106656 A1	6/2004	Ashton et al.
7,230,002 B2	6/2007	Thomas et al.	2004/0106802 A1	6/2004	Sankaranarayanan
7,230,074 B2	6/2007	Bachovchin et al.	2004/0110817 A1	6/2004	Hulin
7,235,538 B2	6/2007	Kanstrup et al.	2004/0116328 A1	6/2004	Yoshikawa et al.
7,236,683 B2	6/2007	Quan	2004/0121964 A1	6/2004	Madar et al.
7,238,720 B2	7/2007	Yasuda et al.	2004/0138214 A1	7/2004	Himmelsbach et al.
7,238,724 B2	7/2007	Madar et al.	2004/0138215 A1	7/2004	Eckhardt et al.
7,241,756 B2	7/2007	Arch et al.	2004/0147434 A1	7/2004	Ansorge et al.
7,253,172 B2	8/2007	Brockunier et al.	2004/0152745 A1	8/2004	Jackson et al.
7,297,761 B2	11/2007	Beeley et al.	2004/0167133 A1	8/2004	Edmondsun et al.
7,368,427 B1	5/2008	Dong et al.	2004/0167341 A1	8/2004	Haffner et al.
7,601,841 B2	10/2009	McGee	2004/0171555 A1	9/2004	Demuth et al.
7,626,033 B2	12/2009	McGee et al.	2004/0171848 A1	9/2004	Haffner et al.
			2004/0176406 A1	9/2004	Gobbi et al.
			2004/0176428 A1	9/2004	Edmondsun et al.
			2004/0180925 A1	9/2004	Matsuno
			2004/0186153 A1	9/2004	Yasuda et al.

(56)

References Cited

U.S. PATENT DOCUMENTS

2004/0209891	A1	10/2004	Broqua et al.	2006/0004074	A1	1/2006	Eckhardt et al.
2004/0224995	A1	11/2004	Simpkins et al.	2006/0014764	A1	1/2006	Feng et al.
2004/0229820	A1	11/2004	Bachovchin et al.	2006/0014953	A1	1/2006	Kim
2004/0229848	A1	11/2004	Demuth et al.	2006/0023870	A1	2/2006	Stenmark
2004/0229926	A1	11/2004	Tanaka et al.	2006/0027022	A1	2/2006	Flora et al.
2004/0235752	A1	11/2004	Pitt et al.	2006/0039974	A1	2/2006	Akiyama et al.
2004/0236102	A1	11/2004	Brockunier et al.	2006/0040963	A1	2/2006	Mathvink et al.
2004/0242566	A1	12/2004	Feng et al.	2006/0046978	A1	3/2006	Pierau et al.
2004/0242568	A1	12/2004	Feng et al.	2006/0052382	A1	3/2006	Duffy et al.
2004/0242636	A1	12/2004	Haffner et al.	2006/0058323	A1	3/2006	Eckhardt et al.
2004/0242898	A1	12/2004	Hulin	2006/0069116	A1	3/2006	Ashton et al.
2004/0254226	A1	12/2004	Feng et al.	2006/0074058	A1	4/2006	Holmes et al.
2004/0259843	A1	12/2004	Madar et al.	2006/0074087	A1	4/2006	Ashton et al.
2004/0259870	A1	12/2004	Feng et al.	2006/0079541	A1	4/2006	Langkopf
2004/0259883	A1	12/2004	Sakashita et al.	2006/0111336	A1	5/2006	Duffy et al.
2004/0259902	A1	12/2004	Boehringer et al.	2006/0111428	A1	5/2006	Wang
2004/0259903	A1	12/2004	Boehringer et al.	2006/0116393	A1	6/2006	Boehringer et al.
2005/0004117	A1	1/2005	Feng et al.	2006/0135512	A1	6/2006	Boehringer et al.
2005/0004205	A1	1/2005	Evans et al.	2006/0135561	A1	6/2006	Feng et al.
2005/0026921	A1	2/2005	Eckhardt et al.	2006/0135767	A1	6/2006	Feng et al.
2005/0032804	A1	2/2005	Cypes et al.	2006/0142585	A1	6/2006	Thomas et al.
2005/0038020	A1	2/2005	Hamann et al.	2006/0153940	A1	7/2006	Prous
2005/0043292	A1	2/2005	Parker et al.	2006/0154866	A1	7/2006	Chu et al.
2005/0043299	A1	2/2005	Evans et al.	2006/0173056	A1	8/2006	Kitajima et al.
2005/0059716	A1	3/2005	Wagner et al.	2006/0205675	A1	9/2006	Arch et al.
2005/0059724	A1	3/2005	Shoenafinger et al.	2006/0205711	A1	9/2006	Himmelsbach et al.
2005/0065144	A1	3/2005	Feng et al.	2006/0211682	A1	9/2006	Liang et al.
2005/0065145	A1	3/2005	Cao et al.	2006/0217428	A1	9/2006	Abrecht et al.
2005/0065148	A1	3/2005	Feng et al.	2006/0223870	A1	10/2006	Doken
2005/0065183	A1	3/2005	Nandi et al.	2006/0229286	A1	10/2006	Kakigami et al.
2005/0070530	A1	3/2005	Feng et al.	2006/0247226	A1	11/2006	Himmelsbach et al.
2005/0070531	A1	3/2005	Feng et al.	2006/0258646	A1	11/2006	Biftu et al.
2005/0070535	A1	3/2005	Feng et al.	2006/0259621	A1	11/2006	Ranganathan et al.
2005/0070706	A1	3/2005	Feng et al.	2006/0264400	A1	11/2006	Cambell et al.
2005/0070719	A1	3/2005	Belyakov et al.	2006/0264401	A1	11/2006	Cambell et al.
2005/0075330	A1	4/2005	Feng et al.	2006/0264433	A1	11/2006	Backes et al.
2005/0090539	A1	4/2005	Vu et al.	2006/0264457	A1	11/2006	Devasthale et al.
2005/0096348	A1	5/2005	Boehringer et al.	2006/0264481	A1	11/2006	Chen
2005/0107309	A1	5/2005	Demuth et al.	2006/0270701	A1	11/2006	Kroth et al.
2005/0107390	A1	5/2005	Brockunier et al.	2006/0270722	A1	11/2006	Thornberry et al.
2005/0113310	A1	5/2005	Striggow et al.	2006/0276410	A1	12/2006	Cambell et al.
2005/0130981	A1	6/2005	Aranyl et al.	2006/0276487	A1	12/2006	Aranyl et al.
2005/0130985	A1	6/2005	Himmelsbach et al.	2006/0281727	A1	12/2006	Ashton et al.
2005/0131019	A1	6/2005	Pei et al.	2006/0281796	A1	12/2006	Edmondsun et al.
2005/0137224	A1	6/2005	Shima et al.	2006/0293297	A1	12/2006	Fukushima et al.
2005/0143377	A1	6/2005	Himmelsbach et al.	2007/0016750	A1	1/2007	Suzuki
2005/0143405	A1	6/2005	Boehringer et al.	2007/0021477	A1	1/2007	Edmondsun et al.
2005/0143416	A1	6/2005	Kurk et al.	2007/0049596	A1	3/2007	Pei et al.
2005/0165989	A1	7/2005	Kim	2007/0049619	A1	3/2007	Akahoshi et al.
2005/0171093	A1	8/2005	Eckhardt et al.	2007/0060547	A1	3/2007	Cambell et al.
2005/0176771	A1	8/2005	Hayawaka	2007/0072803	A1	3/2007	Chu et al.
2005/0187227	A1	8/2005	Himmelsbach et al.	2007/0072804	A1	3/2007	Chu et al.
2005/0192324	A1	9/2005	Thomas et al.	2007/0072810	A1	3/2007	Asakawa
2005/0203027	A1	9/2005	Bachovchin et al.	2007/0082908	A1	4/2007	Nakahira et al.
2005/0203031	A1	9/2005	Evans	2007/0082932	A1	4/2007	Jiaang et al.
2005/0203095	A1	9/2005	Eckhardt et al.	2007/0093492	A1	4/2007	Jiaang et al.
2005/0209159	A1	9/2005	Demuth et al.	2007/0098781	A1	5/2007	Loeffler et al.
2005/0209249	A1	9/2005	Akritopoulou-Zanze et al.	2007/0105890	A1	5/2007	Nakahira et al.
2005/0215603	A1	9/2005	Akritopoulou-Zanze et al.	2007/0112059	A1	5/2007	Fukushima et al.
2005/0215784	A1	9/2005	Madar et al.	2007/0123579	A1	5/2007	Sharma et al.
2005/0215882	A1	9/2005	Chenevert et al.	2007/0142383	A1	6/2007	Eckhardt et al.
2005/0222140	A1	10/2005	Colandrea et al.	2007/0142436	A1	6/2007	Bubendorf et al.
2005/0222222	A1	10/2005	Jiaang et al.	2007/0149451	A1	6/2007	Holmes et al.
2005/0222242	A1	10/2005	Sharma et al.	2007/0172525	A1	7/2007	Sesha
2005/0233978	A1	10/2005	Niestroj et al.	2007/0185061	A1	8/2007	Cambell et al.
2005/0234108	A1	10/2005	Himmelsbach et al.	2007/0239536	A1	12/2007	Bollapragada
2005/0234235	A1	10/2005	Eckhardt et al.	2007/0293536	A1	12/2007	Kurk et al.
2005/0245538	A1	11/2005	Kitajima et al.	2008/0020046	A1	1/2008	Dawson
2005/0250820	A1	11/2005	Chen	2008/0132555	A1	6/2008	Gant
2005/0254167	A1	11/2005	Matsutan et al.	2009/0074862	A1	3/2009	Schioppi
2005/0260712	A1	11/2005	Politino et al.	2010/0087481	A1	4/2010	Lee
2005/0260732	A1	11/2005	Hiramatsu et al.	2010/0104636	A1	4/2010	Kerannidas
2005/0261271	A1	11/2005	Feng et al.	2010/0184783	A1	7/2010	Raud et al.
2005/0272652	A1	12/2005	Gault et al.	2011/0034380	A1	2/2011	Lanfear et al.
2005/0272765	A1	12/2005	Feng et al.	2011/0112097	A1	5/2011	Jaehne et al.
				2012/0137162	A1	5/2012	Huang et al.
				2012/0322719	A1	12/2012	Pavlov et al.
				2013/0243865	A1	9/2013	Lee
				2013/0245024	A1	9/2013	Lanfear et al.

(56) References Cited			WO	WO	
FOREIGN PATENT DOCUMENTS			WO	WO	
			WO	WO 2003/022871	3/2003
			WO	WO 2003/024942	3/2003
			WO	WO 2003/024965	3/2003
			WO	WO 2003/035057	5/2003
			WO	WO 2003/035067	5/2003
			WO	WO 2003/037327	5/2003
			WO	WO 2003/038123	5/2003
			WO	WO 2003/040174	5/2003
			WO	WO 2003/045228	6/2003
			WO	WO 2003/045977	6/2003
			WO	WO 2003/055881	7/2003
			WO	WO 2003/057144	7/2003
			WO	WO 2003/057666	7/2003
			WO	WO 2003/068748	8/2003
			WO	WO 2003/068757	8/2003
			WO	WO 2003/072528	9/2003
			WO	WO 2003/072556	9/2003
			WO	WO 2003/074500	9/2003
			WO	WO 2003/080633	10/2003
			WO	WO 2003/082817	10/2003
			WO	WO 2003/084940	10/2003
			WO	WO 2003/095425	11/2003
			WO	WO 2003/099279	12/2003
			WO	WO 2003/099836	12/2003
			WO	WO 2003/101448	12/2003
			WO	WO 2003/101958	12/2003
			WO	WO 2003/104229	12/2003
			WO	WO 2003/106456	12/2003
			WO	WO 2004/000327	12/2003
			WO	WO 2004/004661	1/2004
			WO	WO 2004/007446	1/2004
			WO	WO 2004/007468	1/2004
			WO	WO 2004/009544	1/2004
			WO	WO 2004/014860	2/2004
			WO	WO 2004/018467	3/2004
			WO	WO 2004/018468	3/2004
			WO	WO 2004/018469	3/2004
			WO	WO 2004/020407	3/2004
			WO	WO 2004/032836	4/2004
			WO	WO 2004/033455	4/2004
			WO	WO 2004/037169	5/2004
			WO	WO 2004/037181	5/2004
			WO	WO 2004/041795	5/2004
			WO	WO 2004/041820	5/2004
			WO	WO 2004/043940	5/2004
			WO	WO 2004/046106	6/2004
			WO	WO 2004/048379	6/2004
			WO	WO 2004/050022	6/2004
			WO	WO 2004/050658	6/2004
			WO	WO 2004/052362	6/2004
			WO	WO 2004/052850	6/2004
			WO	WO 2004/058266	7/2004
			WO	WO 2004/064778	8/2004
			WO	WO 2004/067509	8/2004
			WO	WO 2004/069162	8/2004
			WO	WO 2004/071454	8/2004
			WO	WO 2004/076433	9/2004
			WO	WO 2004/076434	9/2004
			WO	WO 2004/085378	10/2004
			WO	WO 2004/085661	10/2004
			WO	WO 2004/087053	10/2004
			WO	WO 2004/087650	10/2004
			WO	WO 2004/092128	10/2004
			WO	WO 2004/096806	11/2004
			WO	WO 2004/099134	11/2004
			WO	WO 2004/103276	12/2004
			WO	WO 2004/103993	12/2004
			WO	WO 2004/104215	12/2004
			WO	WO 2004/104216	12/2004
			WO	WO 2004/108730	12/2004
			WO	WO 2004/110375	12/2004
			WO	WO 2004/110436	12/2004
			WO	WO 2004/111041	12/2004
			WO	WO 2004/111051	12/2004
			WO	WO 2004/112701	12/2004
			WO	WO 2005/000846	1/2005
			WO	WO 2005/000848	1/2005
			WO	WO 2005/003135	1/2005
			WO	WO 2005/009956	2/2005
JP	2004315496	11/2004			
JP	2004534815	11/2004			
JP	2004534836	11/2004			
JP	2004535433	11/2004			
JP	2004535445	11/2004			
JP	2004536115	12/2004			
JP	2005023038	1/2005			
JP	2005500308	1/2005			
JP	2005500321	1/2005			
JP	2005502624	1/2005			
JP	2005505531	2/2005			
JP	2005507261	3/2005			
JP	2010265216	11/2010			
JP	2013133312	7/2013			
JP	2016506956	3/2016			
MX	PA06003313	6/2006			
WO	WO 1991/016339	10/1991			
WO	WO 1993/008259	4/1993			
WO	WO 1993/010127	5/1993			
WO	WO 1995/015309	6/1995			
WO	WO 1995/029691	11/1995			
WO	WO 1997/040832	11/1997			
WO	WO 1998/018763	5/1998			
WO	WO 1998/019998	5/1998			
WO	WO 1998/025621	6/1998			
WO	WO 1998/050046	11/1998			
WO	WO 1998/050066	11/1998			
WO	WO 1999/016864	4/1999			
WO	WO 1999/025719	5/1999			
WO	WO 1999/056753	11/1999			
WO	WO 1999/061431	12/1999			
WO	WO 1999/062914	12/1999			
WO	WO 1999/067278	12/1999			
WO	WO 2000/010549	3/2000			
WO	WO 2000/023421	4/2000			
WO	WO 2000/034241	6/2000			
WO	WO 2000/056297	9/2000			
WO	WO 2000/069868	11/2000			
WO	WO 2000/071135	11/2000			
WO	WO 2001/000579	1/2001			
WO	WO 2001/27128	4/2001			
WO	WO 2001/034594	5/2001			
WO	WO 2001/052825	7/2001			
WO	WO 2001/055105	8/2001			
WO	WO 2001/068603	9/2001			
WO	WO 2001/081304	11/2001			
WO	WO 2001/081337	11/2001			
WO	WO 2001/096295	12/2001			
WO	WO 2001/097808	12/2001			
WO	WO 2002/000633	1/2002			
WO	WO 2002/002560	1/2002			
WO	WO 2002/014271	2/2002			
WO	WO 2002/030890	4/2002			
WO	WO 2002/030891	4/2002			
WO	WO 2002/034900	5/2002			
WO	WO 2002/038541	5/2002			
WO	WO 2002/051836	7/2002			
WO	WO 2002/055088	7/2002			
WO	WO 2002/068420	9/2002			
WO	WO 2002/062764	10/2002			
WO	WO 2002/076450	10/2002			
WO	WO 2002/083109	10/2002			
WO	WO 2002/083128	10/2002			
WO	WO 2003/000180	1/2003			
WO	WO 2003/000181	1/2003			
WO	WO 2003/000250	1/2003			
WO	WO 2003/002530	1/2003			
WO	WO 2003/002531	1/2003			
WO	WO 2003/002553	1/2003			
WO	WO 2003/002593	1/2003			
WO	WO 2003/002595	1/2003			
WO	WO 2003/002596	1/2003			
WO	WO 2003/004496	1/2003			
WO	WO 2003/004498	1/2003			
WO	WO 2003/015775	2/2003			

(56)

References Cited

FOREIGN PATENT DOCUMENTS

WO	WO 2005/011581	2/2005
WO	WO 2005/012249	2/2005
WO	WO 2005/012308	2/2005
WO	WO 2005/012312	2/2005
WO	WO 2005/019168	3/2005
WO	WO 2005/020920	3/2005
WO	WO 2005/023762	3/2005
WO	WO 2005/025554	3/2005
WO	WO 2005/026148	3/2005
WO	WO 2005/030127	4/2005
WO	WO 2005/030751	4/2005
WO	WO 2005/032590	4/2005
WO	WO 2005/033074	4/2005
WO	WO 2005/033099	4/2005
WO	WO 2005/034940	4/2005
WO	WO 2005/037779	4/2005
WO	WO 2005/037828	4/2005
WO	WO 2005/040095	5/2005
WO	WO 2005/042003	5/2005
WO	WO 2005/042488	5/2005
WO	WO 2005/044195	5/2005
WO	WO 2005/047297	5/2005
WO	WO 2005/049022	6/2005
WO	WO 2005/058849	6/2005
WO	WO 2005/063750	7/2005
WO	WO 2005/072530	8/2005
WO	WO 2005/075426	8/2005
WO	WO 2005/079795	9/2005
WO	WO 2005/082348	9/2005
WO	WO 2005/082849	9/2005
WO	WO 2005/086904	9/2005
WO	WO 2005/087235	9/2005
WO	WO 2005/092877	10/2005
WO	WO 2005/116029	12/2005
WO	WO 2006/034435	3/2006
WO	WO 2006/034489	3/2006
WO	WO 2006/044391	4/2006
WO	WO 2006/064033	6/2006
WO	WO 2006/117359	11/2006
WO	WO 2006/117360	11/2006
WO	WO 2007/025943	3/2007
WO	WO 2007/028814	3/2007
WO	WO 2007/031548	3/2007
WO	WO 2007/053865	5/2007
WO	WO 2007/054577	5/2007
WO	WO 2007/072992	6/2007
WO	WO 2007/093610	8/2007
WO	WO 2007/128749	11/2007
WO	WO 2008/011154	1/2008
WO	WO 2008/049923	5/2008
WO	WO 2008/055870	5/2008
WO	WO 2008/055940	5/2008
WO	WO 2009/015179	1/2009
WO	WO 2009/097996	8/2009
WO	WO 2000/056296	9/2009
WO	WO 2009/111078	9/2009
WO	WO 2009/151116	12/2009
WO	WO 2010/040055	4/2010
WO	WO 2012/040072	3/2012
WO	WO 2012/040082	3/2012
WO	WO 2012/071459	5/2012
WO	WO 2013/071077	5/2013
WO	WO 2014/120538	8/2014
WO	WO 2015/005365	1/2015
WO	WO 2015/095548	6/2015
WO	WO 2016/054728	4/2016
WO	WO 2016/144862	9/2016
WO	WO 2016/164413	10/2016
WO	WO 2017/139588	8/2017
WO	WO 2017/211830	12/2017
WO	WO 2018/035446	2/2018
WO	WO 2018/053040	3/2018
WO	WO 2018/131626	7/2018

WO	WO 2018/187350	10/2018
WO	WO 2018/193006	10/2018
WO	WO 2020/142365	7/2020

OTHER PUBLICATIONS

Boxer et al., "Advances in progressive supranuclear palsy: new diagnostic criteria, biomarkers, and therapeutic approaches.", *Lancet* 16:552-563, 2017.

Boxer et al., "Davunetide in patients with progressive supranuclear palsy: a randomised, double-blind, placebo-controlled phase 2/3 trial", *Lancet Neurol.* 132: 676-685, 2014.

Boxer et al., "Saccade abnormalities in autopsy-confirmed frontotemporal lobar degeneration and Alzheimer disease.", *Arch. Neurol.*, 69: 509-517, 2012.

Cho et al., "Subcortical 18 F-AV-1451 binding patterns in progressive supranuclear palsy.", *Mov. Disord.* 32: 134-140, 2017.

Clerici et al., "Rehabilitation in progressive supranuclear palsy: Effectiveness of two multidisciplinary treatments", *PLoS One* 12: e0170927, 2017.

Collino et al., "Modulation of the oxidative stress and inflammatory response by PPAR-gamma agonists in the hippocampus of rats exposed to cerebral ischemia/reperfusion.", *Eur J Pharmacol.*, 530(1-2): 70-80, 2006.

Corona et al., "PPAR[gamma] as a therapeutic target to rescue mitochondrial function in neurological disease", *Free Radical Biology and Medicine*, vol. 100, pp. 153-163, 2016.

DePaoli et al., "Can a Selective PPAR γ Modulator Improve Glycemic Control in Patients With Type 2 Diabetes With Fewer Side Effects Compared With Pioglitazone?", *Diabetes Care*, 37: 1918-1923, 2014.

Disanto et al., "Serum neurofilament light chain levels are increased in patients with a clinically isolated syndrome.", *J Neural Neurosurg Psychiatry* 87(2): 126-129, 2015.

Disanto et al., "Serum Neurofilament light: A biomarker of neuronal damage in multiple sclerosis.", *Ann. Neurol.* 81(6): 857-870, 2017.

Eyer and Peterson, "Neurofilament-deficient axons and perikaryal aggregates in viable transgenic mice expressing a neurofilament- β -galactosidase fusion protein", *Neuron* 12: 389-405, 1994.

Fernandez-Botran et al., "Cytokine expression and microglial activation in progressive supranuclear palsy", *Parkinsonism Relat Disord.*, 17(9): 683-8, 2011.

Ferrer et al., "Phosphorylated map kinase (ERK1, ERK2) expression is associated with early tau deposition in neurones and glial cells, but not with increased nuclear DNA vulnerability and cell death, in Alzheimer disease, Pick's disease, progressive supranuclear palsy and corticobasal degeneration.", *Brain Pathol.*, 11(2): 144-58, 2001.

Gaiottino et al., "Increased Neurofilament Light Chain Blood Levels in Neurodegenerative Neurological Diseases", *PLoS One*, 8(9):e75091, 9 pages, 2013.

Gisslen et al., "Plasma Concentration of the Neurofilament Light Protein (NFL) is a Biomarker of CNS Injury in HIV Infection: A Cross-Sectional Study", *EBioMedicine* 3: 135-140, 2016.

Godoy et al., "INT131 increases dendritic arborization and protects against A β toxicity by inducing mitochondrial changes in hippocampal neurons", *Biochemical and Biophysical Research Communications*, vol. 490, No. 3, pp. 955-962, 2017.

Golbe et al., "A clinical rating scale for progressive supranuclear palsy", *Brain* 130(6): 1552-1565, 2007.

Higgins et al., "The Development of INT131 as a Selective PPAR γ Modulator: Approach to a Safer Insulin Sensitizer", *PPAR Research*, vol. 2008, pp. 1-9, 2008.

Hinz et al., "Molecular Genetics of Neurodegenerative Dementias.", *Cold Spring Harb. Perspect Biol.*, 9(4), 23 pages, 2017.

Hoglinger et al. "Identification of common variants influencing risk of the tauopathy Progressive Supranuclear Palsy", *Nature Genet.* 43:699-705, 2011.

Hughes et al., "The binaural masking level difference: cortical correlates persist despite severe brain stem atrophy in progressive supranuclear palsy.", *J Neurophysiol.* 112: 3086-3094, 2014.

(56)

References Cited

OTHER PUBLICATIONS

International Preliminary Report on Patentability and Written Opinion in International Application No. PCT/US2018/025923, dated Oct. 8, 2019.

Josephs et al., "Voxel-based morphometry in autopsy proven PSP and CBD.", *Neurabial. Aging* 29: 280-289, 2008.

Josephs et al., "The evolution of primary progressive apraxia of speech", *Brain* 137: 2783-2795, 2014.

Kapadia et al., "Mechanisms of anti-inflammatory and neuroprotective actions of PPAR-gamma agonists", *Front Biosci.*, 13: 1813-26, 2008.

Koros et al., "Interventions in progressive supranuclear palsy", *Parkinsonism & Related Disorders*, vol. 22, Supplement 1, pp. S93-S95, 2016.

Kubota et al., "Adiponectin Stimulates AMP-Activated Protein Kinase in the Hypothalamus and Increases Food Intake", *Cell Metab.*, 6: 55-68, 2007.

Kuhle et al., "A comparative study of CSF neurofilament light and heavy chain protein in MS.", *Mult Seier* 19: 1597-1603, 2013.

Kuhle et al., "Comparison of three analytical platforms for quantification of the neurofilament light chain in blood samples: ELISA, electrochemiluminescence immunoassay and Simoa.", *Clin. Chem. Lab Med.* 54(10): 1655-166, 2016.

Kuhle et al., "Serum neurofilament light chain in early relapsing remitting MS is increased and correlates with CSF levels and with MRI measures of disease severity.", *Mult Scler.* 22(12): 1550-1559, 2016.

Lamb et al., "Progressive Supranuclear Palsy and Corticobasal Degeneration: Pathophysiology and Treatment Options.", *Curr. Treat Options Neural.* 14: 42, 18 pages, 2016.

Lee et al., "Selective PPAR γ modulator INT131 normalizes insulin signaling defects and improves bone mass in diet-induced obese mice", *Am J Physiol Endocrinol Metab.*, 302: 552-560, 2012.

Ling et al., "Clinical Approach to Progressive Supranuclear Palsy", *J Mov. Discord.* 9(1): 3-13, 2016.

Litvan et al., "Environmental and Occupational Risk Factors for Progressive Supranuclear Palsy: Case-Control Study", *Movement Disord* 31: 644-652, 2016.

Lycke et al., "Neurofilament protein in cerebrospinal fluid: a potential marker of activity in multiple sclerosis.", *J Neural. Neurosurg. Psychiatry* 64(3): 402-404, 1998.

Magdalinou et al., "A panel of nine cerebrospinal fluid biomarkers may identify patients with atypical parkinsonian syndromes.", *J Neural. Neurosurg. Psychiatry* 86: 1240-1247, 2015.

Magdalinou et al., "Cerebrospinal fluid biomarkers in parkinsonian conditions: an update and future directions", *J. Neural. Neurosurg. Psychiatry*, 85(10): 1065-1075, 2014.

Marquie et al., "Validating novel tan positron emission tomography tracer [F-18]-AV-1451 (T807) on postmortem brain tissue.", *Ann. Neural.* 78: 787-800, 2015.

Min et al., "Critical Role of Acetylation in Tau-Mediated Neurodegeneration and Cognitive Deficits", *Nat. Med.* 21: 1154-1162, 2015.

Ng et al., "Potential Neuroprotective Effects of Adiponectin in Alzheimer's Disease", *International Journal of Molecular Sciences*, vol. 18, No. 3, 592, 13 pages, 2017.

Novakova et al., "Monitoring disease activity in multiple sclerosis using serum neurofilament light protein.", *Neurology* 89(22): 2230-2237, 2017.

Odetti et al., "Lipoperoxidation Is Selectively Involved in Progressive Supranuclear Palsy", *J Neuropathol Exp Neural.*, 59(5): 393-397, 2000.

Ohara et al., "Neurofilament Deficiency in Quaff Caused by Nonsense Mutation in Neurofilament-L Gene", *J. Cell Biol.* 121: 387-395, 1993.

Rigby et al., "Smooth centile curves for skew and kurtotic data modelled using the Box-Cox power exponential distribution.", *Med* 23: 3053-3076, 2004.

Rissin et al., "Single-molecule enzyme-linked immunosorbent assay detects serum proteins at subfemtomolar concentrations.", *Nat Biotechnol* 28: 595-599, 2010.

Rohrer et al., "Serum neurofilament light chain protein is a measure of disease intensity in frontotemporal dementia.", *Neurology* 87(13): 1329-1336, 2016.

Rojas et al., "Plasma neurofilament light chain predicts progression in progressive supranuclear palsy.", *Ann. Clin. Transl. Neural.* 3:216-255, 2016.

Santiago et al., "A Network Approach to Diagnostic Biomarkers in Progressive Supranuclear Palsy", *Mov. Discord* 29(4): 550-555, 2014.

Santos-Santos et al., "Features of Patients With Nonfluent/Agrammatic Primary Progressive Aphasia With Underlying Progressive Supranuclear Palsy Pathology or Corticobasal Degeneration.", *JAMA Neural.* 73:733-742, 2016.

Sasaki et al., "Aggregate formation and phosphorylation of neurofilament-L Pro22 Charcot-Marie-Tooth disease mutants.", *Hum. Mol. Genet.* 15: 943-952, 2006.

Scherling et al., "CSF neurofilament concentration reflects disease severity in frontotemporal degeneration", *Ann. Neural.* 75: 116-126, 2014.

Schneider et al., "Retinal single-layer analysis in Parkinsonian syndromes: an optical coherence tomography study.", *J Neural Transm.* 121: 41-47, 2014.

Smith et al., "Increased basal ganglia binding of 18 F-AV-1451 in patients with progressive supranuclear palsy.", *Mov. Disord.* 32: 108-114, 2017.

Teunissen et al., "Combination of CSF N-acetylaspartate and neurofilaments in multiple sclerosis.", *Neurology* 72(15): 1322-1329, 2009.

Teunissen et al., "Neurofilaments as biomarkers in multiple sclerosis.", *Mult. Seier.* 18(5): 552-556, 2012.

Walsh et al., "Rest-activity rhythm disruption in progressive supranuclear palsy.", *Sleep Med* 22: 50-56, 2016.

Whitwell et al., "[18 F]AV-1451 tau positron emission tomography in progressive supranuclear palsy.", *Mov Disord.* 32: 124-133, 2017.

Whitwell et al., "Midbrain atrophy is not a biomarker of progressive supranuclear palsy pathology.", *Eur. J Neural.* 20: 1417-1422, 2013.

Wilson et al., "The Simoa HD-1 Analyzer: A Novel Fully Automated Digital Immunoassay Analyzer with Single-Molecule Sensitivity and Multiplexing.", *J Lab Autom* 21(4): 533-547, 2015.

Yamauchi et al., "Adiponectin stimulates glucose utilization and fatty-acid oxidation by activating AMP-activated protein kinase", *Nat Med.*, 8: 1288-1295, 2002.

Yamauchi et al., "Targeted disruption of AdipoR1 and AdipoR2 causes abrogation of adiponectin binding and metabolic actions", *Nat Med.*, 13: 332-339, 2007.

Yanamandra et al., "Anti-tau antibody reduces insoluble tau and decreases brain atrophy.", *Ann Clin Transl Neurol.* 2: 278-288, 2015.

Yates et al., "Neurofilament subunit (NFL) head domain phosphorylation regulates axonal transport of neurofilaments.", *Eur. J Cell Biol.* 88: 193-202, 2009.

Zhu et al., "Delayed Maturation of Regenerating Myelinated Axons in Mice Lacking Neurofilaments", *Exp. Neural.* 148: 299-316, 1997.

Abd El-Haleim et al., "Effects of combined PPAR- γ and PPAR- α agonist therapy on fructose induced NASH in rats: Modulation of gene expression" *European Journal of Pharmacology*, Feb. 2016, 773:59-70.

Abdelmegeed et al., "CYP2E1 potentiates binge alcohol-induced gut leakiness, steatohepatitis, and apoptosis" *Free Radical Biology and Medicine*, Dec. 2013, 65:1238-1245.

Abdelmegeed et al., "PPAR α Expression Protects Male Mice from High Fat-Induced Nonalcoholic Fatty Liver" *The Journal of Nutrition*, Apr. 2011, 141(4):603-610.

Abenavoli et al., "Obeticholic acid: a new era in the treatment of nonalcoholic fatty liver disease" *Pharmaceuticals*, 11(4):104, 10 pages, Dec. 2018.

Abu-Elheiga et al., "Mutant mice lacking acetyl-CoA carboxylase 1 are embryonically lethal" *Proc. Nat. Acad. Sci. USA*, Aug. 2005 102:12011-12016.

Adams et al., "Hepascore: An Accurate Validated Predictor of Liver Fibrosis in Chronic Hepatitis C Infection" *Clin Chem.*, Oct. 2005, 51(10):1867-1873.

(56)

References Cited

OTHER PUBLICATIONS

- Addy et al., "Hypoadiponectinemia Is Associated with Insulin Resistance, Hypertriglyceridemia, and Fat Redistribution in Human Immunodeficiency Virus-Infected Patients Treated with Highly Active Antiretroviral Therapy" *J Clin Endocrinol Metab*, Feb. 2003 88(2):627-636.
- Afdal et al., "Is pulmonary vascular disease reversible with PPAR γ agonists?" *Microcirculation*, 25(3):e12444, 19 pages, Apr. 2018.
- Agero et al., "The pharmacokinetics, pharmacodynamics, safety and tolerability of NN2211, a new long-acting GLP-1 derivative, in healthy men" *Diabetologia*, Feb. 2002, 45(2):195-202.
- Aki et al., "Role of adiponectin in chronic lymphocytic leukemia" *Egyptian J Haematology*, Oct. 2012, 37(4):187-192.
- Ali et al., "Recent advances in the development of farnesoid X receptor agonists" *Ann Transl Med.*, Jan. 2015, 3(1):5.
- Al-Quaydheh et al., "Relation between vitamin B12 and Non-alcoholic fatty Liver Disease: A Hospital Based Study" *International Journal of Advanced Research*, 3(6) 1335-1343, Jun. 2015.
- Altekruse et al., "SEER Cancer Statistics Review, 1975-2007" National Cancer Institute, Table of Contents, 2009, 4 pages.
- Anagnostis et al., "Comparative effects of rosuvastatin and atorvastatin on glucose metabolism and adipokine levels in non-diabetic patients with dyslipidaemia: a prospective randomised open-label study" *Int J Clin Pract*, Jun. 2011, 65(6):679-83.
- Anastasilakis et al., "Circulating Irisin in Healthy, Young Individuals: Day-Night Rhythm, Effects of Food Intake and Exercise, and Associations With Gender, Physical Activity, Diet, and Body Composition" *J Clin Endocrinol Metab*, Sep. 2014, 99(9):3247-3255.
- Angulo et al., "The NAFLD Fibrosis Score: A Noninvasive System That Identifies Liver Fibrosis in Patients with NAFLD" *Hepatology*, Apr. 2007, 45(4):846-54.
- Anonymous: "Coherus Announces Positive Phase 2b Efficacy Data on Novel Oral Therapy in Relapsing Remitting Multiple Sclerosis | Coherus Biosciences, Inc." Jun. 28, 2016, Retrieved from the Internet: URL: <https://investors.coherus.com/news-releases/news-releasedetails/>, 3 pages.
- Ansel et al., "Pharmaceutical Dosage Forms and Drug Delivery Systems" 6th Ed., Williams & Wilkins, Baltimore MD, 1995, 8 pages.
- Antoniadisa et al., "Insulin resistance in relation to melanoma risk" *Melanoma research*. Dec. 2011, 21(6):541-546.
- Anty et al., "Liver fibrogenesis and metabolic factors" *Clinics and Research in Hepatology and Gastroenterology*, 2011, 35: S10-S20.
- Aoyama et al., "Pioglitazone Promotes Survival and Prevents Hepatic Regeneration Failure After Partial Hepatectomy in Obese and Diabetic KK-Ay Mice" *Hepatology*. May 2009, 49(5): 1636-44.
- Aragonès et al., "PNPLA3 Expression Is Related to Liver Steatosis in Morbidly Obese Women with Non-Alcoholic Fatty Liver Disease" *International Journal of Molecular Sciences*, May 2016, 17(5):630, 13 pages.
- Aref et al., "Impact of serum adiponectin and leptin levels in acute leukemia" *Hematology*, Jun. 2013 18(4):198-203.
- Arioglu et al., "Efficacy and safety of troglitazone in the treatment of lipodystrophy syndromes" *Annals of internal medicine*, Aug. 2000, 133(4):263-74.
- Aronis et al., "Circulating irisin levels and coronary heart disease: association with future acute coronary syndrome and major adverse cardiovascular events" *International Journal of Obesity*, Jan. 2015, 39(1):156-161.
- Aronis et al., "Short-term walnut consumption increases circulating total adiponectin and apolipoprotein A concentrations, but does not affect makers of inflammation or vascular injury in obese humans with the metabolic syndrome: data from a double-blinded, randomized, placebo-controlled study" *Metab. Clinical and Experimental*, Nov. 2011, 61:577-582.
- Arulmozhi et al., "GLP-1 based therapy for type 2 diabetes" *European Journal of Pharmaceutical Sciences*, May 2006, 28:96-108.
- Assad et al., "Metabolic dysfunction in pulmonary arterial hypertension" *Current hypertension reports*, 17(3):20, 9 pages Mar. 1, 2015.
- AU Office Action in Australian Appln. No. 2016229982, dated Jun. 24, 2019, 4 pages.
- Augeri et al., "Discovery and preclinical profile of Saxagliptin (BMS-477118): a highly potent, long-acting, orally active dipeptidyl peptidase IV inhibitor for the treatment of type 2 diabetes" *Journal of medicinal chemistry*, Jul. 2005, 48(15):5025-37.
- Augustyns et al., "Dipeptidyl peptidase IV inhibitors as new therapeutic agents for the treatment of Type 2 diabetes" *Exp. Opin. Ther. Patents*, Apr. 2003, 13:499-510.
- Augustyns et al., "Inhibitors of proline-specific dipeptidyl peptidases: DPP IV inhibitors as a novel approach for the treatment of Type 2 diabetes" *Expert Opinion On Therapeutic Patents*, Oct. 2005, 15(10):1387-1407.
- Avcu et al., "Association of plasma adiponectin concentrations with chronic lymphocytic leukemia and myeloproliferative diseases" *International journal of hematology*, Apr. 1, 2006, 83(3):254-258.
- Avcu et al., "Plasma Adiponectin Concentrations in Relation to Chronic Lymphocytic Leukemia and Chronic Myeloproliferative Diseases" *Blood*, Nov. 2004, 104(11):4743.
- Axtell et al., "T helper type 1 and 17 cell Determine Efficacy of IFN- β in Multiple Sclerosis and Experimental Encephalomyelitis" *Nat Med.*, Apr. 2010, 16(4):406-412.
- Ballabh et al., "The blood-brain barrier: an overview: structure, regulation, and clinical implications" *Neurobiol Dis*, Jun. 2004, 16(1):1-13.
- Ban et al., "Structure-based design, synthesis, and nonalcoholic steatohepatitis (NASH)-preventive effect of phenylpropanoic acid peroxisome proliferator-activated receptor (PPAR) beta-selective agonists" *Bioorganic & Medicinal Chemistry*, May 2011, 19(10):3183-3191.
- Barb et al., "Adiponectin in relation to malignancies: a review of existing basic research and clinical evidence" *Am J Clin Nutr.*, Sep. 2007, 86(3):858S-66S.
- Barb et al., "Adiponectin signals in prostate cancer cells through Akt to activate the mammalian target of rapamycin pathway" *Endocrine-Related Cancer*, Dec. 2007, 14(4):995-1005.
- Barb et al., "Adiponectin: a link between obesity and cancer" *Expert Opinion on Investigational Drugs*, Aug. 2006, 15(8):917-931.
- Barber et al., "Structure and regulation of acetyl-CoA carboxylase genes of metazoa" *Biochim et Biophys. Acta.*, Mar. 2005, 1733(1):1-28.
- Baron et al., "PPAR activation differently affects microparticle content in atherosclerotic lesions and liver of a mouse model of atherosclerosis and NASH" *Atherosclerosis*, Sep. 2011, 218(1):69-76.
- Bastianello et al., "Serial study of gadolinium-DTPA MRI enhancement in multiple sclerosis" *Neurology*, Apr. 1990, 40(4):591-595.
- Bedogni et al., "The Fatty Liver Index: a simple and accurate predictor of hepatic steatosis in the general population" *BioMed Central, BMC Gastroenterology*, Dec. 2006, 6:33, 7 pages.
- Behringer et al., "Pioglitazone alleviates cardiac and vascular remodeling and improves survival in monocrotaline induced pulmonary arterial hypertension" *Naunyn-Schmiedeberg's archives of pharmacology*, 389(4): 11 pages, Apr. 1, 2016.
- Belalcazar et al., "Adiponectin and the mediation of HDL-cholesterol change with improved lifestyle: the Look AHEAD Study" *Journal of Lipid Research*, Dec. 2012, 53(12):2726-2733.
- Belalcazar et al., "Improving Adiponectin Levels in Individuals With Diabetes and Obesity: Insights From Look AHEAD" *Diabetes Care*, Aug. 2015, 38(8):1544-1550.
- Belfort et al. "A Placebo-Controlled Trial of Pioglitazone in Subjects with Nonalcoholic Steatohepatitis" *The New England Journal of Medicine*, Nov. 2006, 355(22):2297-2307.
- Beraza et al., "Pharmacological IKK2 inhibition blocks liver steatosis and initiation of non-alcoholic steatohepatitis" *Gut*, May 2008 57(5):655-663.
- Bifari et al., "Multiple target tissue effects of GLP-1 analogues on non-alcoholic fatty liver disease (NAFLD) and non-alcoholic steatohepatitis (NASH)" *Pharmacological research*, 137:219-229, Nov. 1, 2018.

(56)

References Cited

OTHER PUBLICATIONS

- Bluher et al., "Altered Levels of Adiponectin and Adiponectin Receptors May Underlie the Effect of Ciliary Neurotrophic Factor (CNTF) to Enhance Insulin Sensitivity in Diet-induced Obese Mice" *Horm Metab Res.*, Mar. 2008, 40(3):225-227.
- Bluher et al., "Circulating Adiponectin and Expression of Adiponectin Receptors in Human Skeletal Muscle: Associations with Metabolic Parameters and Insulin Resistance and Regulation by Physical Training" *J. Clin. Endocrinol. Metab.*, Jun. 2006, 91(6):2310-2316.
- Bluher et al., "Effects of a 1-Year Exercise and Lifestyle Intervention on Irisin, Adipokines, and Inflammatory Markers in Obese Children" *Obesity*, Jul. 2014, 22(7):1701-1708.
- Bluher et al., "From leptin to other adipokines in health and disease: Facts and expectations at the beginning of the 21st century" *Metabolism Clinical & Experimental*, Jan. 2015, 64(1):131-145.
- Bluher et al., "Gene Expression of Adiponectin Receptors in Human Visceral and Subcutaneous Adipose Tissue Is Related to Insulin Resistance and Metabolic Parameters and Is Altered in Response to Physical Training" *Diabetes Care*, Dec. 2007, 30(12):3110-3115.
- Bluher et al., "Responsiveness to Peripherally Administered Melanocortins in Lean and Obese Mice" *Diabetes*, Jan. 2004, 53(1):82-90.
- Bluher et al., "Total and High-Molecular Weight Adiponectin in Relation to Metabolic Variables at Baseline and in Response to an Exercise Treatment Program" *Diabetes Care*, Feb. 2007, 30(2):280-285.
- Boland et al., "Towards a standard diet-induced and biopsy-confirmed mouse model of non-alcoholic steatohepatitis: Impact of dietary fat source" *World journal of gastroenterology*, 25(33):4904, Sep. 7, 2019.
- BR Office Action in Brazilian Appln. No. BR112013007468-8, dated May 29, 2019, 9 pages.
- Bradley et al., "Pulmonary arterial hypertension and insulin resistance" *Journal of molecular and genetic medicine: an international journal of biomedical research*, 2(Suppl 1), 18 pages, 2014.
- Brault et al., "Statin treatment and new-onset diabetes: A review of proposed mechanisms" *Metabolism Clinical & Experimental*, 2014, 63:735-745.
- Brennan et al., "Leptin and Adiponectin: Their Role in Diabetes" *Current Diabetes Reports*, Feb. 2007, 7:1-2.
- Brennan et al., "Phobic Anxiety Is Associated With Higher Serum Concentrations of Adipokines and Cytokines in Women With Diabetes" *Diabetes Care*, May 2009, 32(5):926-931.
- Brenner et al., "Decoding cell death signals in liver inflammation" *Journal of Hepatology*, Sep. 2013, 59(3):583-94.
- Bright et al., "PPAR Regulation of Inflammatory Signaling in CNS Diseases" *PPAR Research*, 2008, vol. 2008, Article ID 658520, 12 pages.
- Brittain et al., "Fatty acid metabolic defects and right ventricular lipotoxicity in human pulmonary arterial hypertension" *Circulation*, 133(20):1936-1944, May 17, 2016.
- Brunt et al., "Nonalcoholic Fatty Liver Disease (NAFLD) Activity Score and the Histopathologic Diagnosis in NAFLD: Distinct Clinicopathologic Meanings" *Hepatology*, Mar. 2011, 53:810-820.
- Brunt et al., "Nonalcoholic Steatohepatitis: A Proposal for Grading and Staging the Histological Lesions" *Am J Gastroenterol.*, Sep. 1999, 94(9):2467-2474.
- Budas et al., "Reduction of liver steatosis and fibrosis with an ask1 inhibitor in a murine model of nash is accompanied by improvements in cholesterol, bile acid and lipid metabolism" *J Hepatol.*, Jan. 2016, 64(2):S170.
- Buechler et al., "Adiponectin, a key adipokine in obesity related liver diseases" *World J. of Gastroenterology*, 2011, 17(23):2801-2811.
- Buehring et al., "Glucocorticoid-induced osteoporosis: an update on effects and management" *Journal of allergy and clinical immunology* 32(5):1019-1030, Nov. 1, 2013.
- Bullen et al., "Regulation of adiponectin and its receptors in response to development of diet-induced obesity in mice" *Am J Physiol Endocrinol Metab*, Apr. 2007, 292:E1079-E1086.
- Calvier et al., "LRP1 deficiency in vascular SMC leads to pulmonary arterial hypertension that is reversed by PPAR γ activation" *Circulation research*, 124(12):1778-1785, Jun. 7, 2019.
- Calvier et al., "PPAR γ links BMP2 and TGF β pathways in vascular smooth muscle cells, regulating cell proliferation and glucose metabolism" *Cell metabolism*, 25(5):1118-1134, May 2, 2017.
- Caprio et al., "Antiadipogenic Effects of the Mineralocorticoid Receptor Antagonist Drospirenone: Potential Implications for the Treatment of Metabolic Syndrome" *Endocrinology*, Jan. 2011, 152(1):113-25.
- Carr et al., "FXR agonists as therapeutic agents for non-alcoholic fatty liver disease" *Current atherosclerosis reports*, 17(4):16, 14 pages, Apr. 1, 2015.
- CAS No. 275371-94-3, 3 pages, 2019.
- CAS No. 445479-97-0, 2 pages, 2019.
- CAS Registry Record for INT-131 (Jan. 19, 2001), retrieved from STN on Apr. 13, 2020. (Year: 2001).
- Cave et al., "Nuclear receptors and nonalcoholic fatty liver disease" *Biochimica et Biophysica Acta*, Sep. 2016, 1859(9):1083-1099.
- Chalasanani et al., "The Diagnosis and Management of Nonalcoholic Fatty Liver Disease: Practice Guidance From the American Association for the Study of Liver Diseases" *Hepatology*, Jan. 2018, 67(1):328-357.
- Chalasanani et al., "The Diagnosis and Management of Non-Alcoholic Fatty Liver Disease: Practice Guideline by the American Association for the Study of Liver Diseases, American College of Gastroenterology, and the American Gastroenterological Association" *Hepatology*, Jun. 2012, 55(6):2005-2023.
- Chalasanani et al., "The Diagnosis and Management of Non-alcoholic Fatty Liver Disease: Practice Guideline by the American Gastroenterological Association, American Association for the Study of Liver Diseases, and American College of Gastroenterology" *Gastroenterology*, Jun. 2012, 142(7):1592-1609.
- Chen et al., "Oestrogen inhibition reverses pulmonary arterial hypertension and associated metabolic defects" *European Respiratory Journal*, 50(2), 14 pages, Aug. 1, 2017.
- Chen et al., "Treatment with geraniol ameliorates methionine choline-deficient diet-induced nonalcoholic steatohepatitis in rats" *Journal of Gastroenterology and Hepatology*, Jul. 2016, 31(7):1357-1365.
- Cherny et al., "PBT2 Reduces Toxicity in a *C. elegans* Model of polyQ Aggregation and Extends Lifespan, Reduces Striatal Atrophy and Improves Motor Performance in the R6/2 Mouse Model of Huntington's Disease" *Journal of Huntington's Disease*, Jan. 2012, 1(2):211-219.
- Chia et al., "Incretin-Based Therapies in Type 2 Diabetes Mellitus" *The Journal of Clinical Endocrinology & Metabolism*, Oct. 2008, 93(10):3703-16.
- Chigurupati et al., "A step ahead of PPAR γ full agonists to PPAR γ partial agonists: Therapeutic perspectives in the management of diabetic insulin resistance" *European J. of Pharm.*, 755:50-57, 2015.
- Chitturi et al., "Etiopathogenesis of nonalcoholic steatohepatitis" *Seminars in Liver Disease*, 2001, 21(1):27-41.
- Choe et al., "Corrigendum to 'Variants of the adiponectin gene and diabetic microvascular complications in patients with type 2 diabetes'" *Metab. Clin. Exp.* Feb. 2017, 67:115.
- Choe et al., "Variants of the adiponectin gene and diabetic microvascular complications in patients with type 2 diabetes" *Metab. Clin. & Experimental*, May 2013, 62:677-85.
- Choi et al., "Anti-diabetic drugs inhibit obesity-linked phosphorylation of PPAR γ by cdk5" *Nature*, Jul. 2010, 466:451-456.
- Choi et al., "Serum adipocyte fatty acid-binding protein, retinol-binding protein 4, and adiponectin concentrations in relation to the development of the metabolic syndrome in Korean boys: a 3-y prospective cohort study" *Am J Clin Nutr*, Jan. 2011, 93:19-26.
- Chou et al., "Adiponectin Receptor Expression in Human Malignant Tissues" *Hormones and cancer*. Jun. 2010, (3):136-45.
- Clapp et al., "The mechanistic basis of prostacyclin and its stable analogues in pulmonary arterial hypertension: Role of membrane versus nuclear receptors" *Prostaglandins & other lipid mediators*, 120: 16 pages, Jul. 1, 2015.
- Clarke et al., "Cross-Species Differential Plasma Protein Binding of MBX-102/JNJ39659100: A Novel PPAR-gamma Agonist" *PPAR Res*, 2008, 465715, 10 pages.

(56)

References Cited

OTHER PUBLICATIONS

- Claudel et al., "The Farnesoid X Receptor A Molecular Link Between Bile Acid and Lipid and Glucose Metabolism" *Arterioscler Thromb Vase Biol.*, Oct. 2005, 25(10):2020-2031.
- ClinicalTrials.gov [Online], "Archive NCT02638038" Dec. 20, 2015, retrieved on Dec. 20, 2015 from URL<<https://clinicaltrials.gov/ct2/history/NCT02638038>>, 4 pages.
- Cohen et al., "Low LDL cholesterol in individuals of African descent resulting from frequent nonsense mutations in PCSK9" *Nat. Genet.*, Feb. 2005, 37(2):161-65.
- Cong et al., "The establishment of a novel non-alcoholic steatohepatitis model accompanied with obesity and insulin resistance in mice" *Life Sciences*, May 2008, 82(19-20):983-990.
- Correale et al., "The blood-brain barrier in multiple sclerosis: functional roles and therapeutic targeting." *Autoimmunity*, Jan. 2007, 40(2):148-160.
- Cox, "Rationally designed PPAR δ -specific agonists and their therapeutic potential for metabolic syndrome" *PNAS*, Mar. 2017, 114(13):3284-3285.
- Crowell et al., "Metabolic pathways link childhood adversity to elevated blood pressure in midlife adults" *Obesity Research & Clinical Practice*, Sep. 2016, 10:580-588.
- Cusi et al., "Long-term pioglitazone treatment for patients with nonalcoholic steatohepatitis and prediabetes or type 2 diabetes mellitus: a randomized trial" *Annals of internal medicine*. Sep. 2016, 165(5):305-15.
- Cutter et al., "Development of a multiple sclerosis functional composite as a clinical trial outcome measure" *Brain*, May 1999, 122(5):871-882.
- Dal Maso et al., "Relationship between a wide range of alcohol consumptions, components of the insulin-like growth factor system and adiponectin" *European Journal of Clinical Nutrition*, Feb. 2007, 61(2):221-225.
- Dalamaga et al., "Adiponectin and resistin are associated with risk for myelodysplastic syndrome, independently from insulin-like growth factor-I (IGF-I) system" *Eur. J. of Cancer*, Aug. 2008, 44(12):1744-1753.
- Dalamaga et al., "B-cell chronic lymphocytic leukemia risk in association with serum leptin and adiponectin: a case-control study in Greece" *Cancer Causes Control*, Sep. 2010, 21(9):1451-1459.
- Dalamaga et al., "Circulating Adiponectin and Leptin in Relation to Myelodysplastic Syndrome: A Case-Control Study" *Oncology*, 2007, 73(1-2):26-32.
- Dalamaga et al., "Higher fetuin-A, lower adiponectin and free leptin levels mediate effects of excess body weight on insulin resistance for myelodysplastic syndrome" *Metab. Clin. & Exp.*, Dec. 2013, 62(12):1830-1839.
- Dalamaga et al., "Low circulating adiponectin and resistin, but not leptin, levels are associated with multiple myeloma risk: a case-control study" *Cancer Causes Control*, Mar. 2009, 20(2):193-199.
- Dalamaga et al., "Pancreatic cancer expresses adiponectin receptors and is associated with hypoleptinemia and hyperadiponectinemia: a case-control study" *Cancer Causes Control*, Jul. 2009, 20(5):625-633.
- Dalamaga et al., "Serum adiponectin and leptin in relation to risk for preeclampsia: results from a large case-control study" *Metab. Clin. And Exp.*, Nov. 2011, 60(11):1539-1544.
- Dalamaga et al., "The Role of Adiponectin in Cancer: A Review of Current Evidence" *Endocrine Reviews*, Aug. 2012, 33(4):547-594.
- Danese et al., "Analytical evaluation of three enzymatic assays for measuring total bile acids in plasma using a fully-automated clinical chemistry platform" *PLoS One*, Jun. 2017, 12(6):e0179200, 13 pages.
- Danne et al., "Combined SGLT1 and SGLT2 inhibitors and their role in diabetes care" *Diabetes technology & therapeutics*, 20(S2): 10 pages, Jun. 1, 2018.
- De Ledinghen et al., "Controlled attenuation parameter for the diagnosis of steatosis in non-alcoholic fatty liver disease" *J Gastroenterol Hepatol.*, Apr. 2016, 31(4):848-55.
- Deacon et al., "Dipeptidyl Peptidase IV Inhibition Potentiates the Insulinotropic Effect of Glucagon-Like Peptide 1 in the Anesthetized Pig" *Diabetes*, May 1998, 47(5):764-769.
- Deacon et al., "Inhibitors of dipeptidyl peptidase IV: a novel approach for the prevention and treatment of Type 2 diabetes?" *Exp. Opin. Investig. Drugs*, Sep. 2004, 13(9):1091-1102.
- Delahanty et al., "Genetic Predictors of Weight Loss and Weight Regain After Intensive Lifestyle Modification, Metformin Treatment, or Standard Care in the Diabetes Prevention Program" *Diabetes Care*, Feb. 2012, 35(2):363-366.
- Delyani, "Mineralocorticoid receptor antagonists: The evolution of utility and pharmacology" *Kidney Int.*, Apr. 2000, 57(4):1408-11.
- Depaoli et al., "INT131 Besylate, a Selective PPAR[γ] Modulator (SPPARM), Improved Glycemic Control in Patients with Type 2 Diabetes without Causing the Edema Seen with Pioglitazone" *Abstract, American Diabetes Association*, 2 pages Jun. 1, 2010.
- Depo-Provera, Trademark Reg. No. 2,680,672, 1 page Year: 2003.
- Di Lascio et al., "Steato-Score: Non-Invasive Quantitative Assessment of Liver Fat by Ultrasound Imaging" *Ultrasound Med Biol.*, Aug. 2018, 44(8):1585-1596.
- Diehl et al., "Treatment with selonsertib, an inhibitor of apoptosis signal-regulating kinase 1, hepatic phospho-p38 expression and markers of hepatocellular apoptosis and necrosis in patients with nonalcoholic steatohepatitis" *Journal of Hepatology*, 66(1), S51-S52, 2017.
- DiMasi et al., "The price of innovation: new estimates of drug development costs" *J Health Econ.*, Mar. 2003, 22(2):151-185.
- Ding et al., "Exendin-4, a glucagon-like protein-1 (GLP-1) receptor agonist, reverses hepatic steatosis in ob/ob mice" *Hepatology*, Jan. 2006, 43(1):173-81.
- Domenici et al., "Peroxisome proliferator-activated receptors alpha and gamma2 polymorphisms in nonalcoholic fatty liver disease: A study in Brazilian patients" *Gene*, Oct. 2013, 529(2):326-331.
- Dongiovanni et al., "Peroxisome Proliferator-Activated Receptor Genetic Polymorphisms and Nonalcoholic Fatty Liver Disease: Any Role in Disease Susceptibility?" *Oct. 2013, vol. 2013, Article ID 452061, 9 pages.*
- Donthamsetty et al., "Nonalcoholic steatohepatitis (NASH) mice are protected from higher hepatotoxicity of acetaminophen upon induction of PPAR α with clofibrate" *Toxicology and Applied Pharmacology*, Aug. 2008, 230(3):327-337.
- Doyle et al., "Biophysical signatures of noncovalent aggregates formed by a glucagonlike peptide-1 analog: A prototypical example of biopharmaceutical aggregation" *J. Pharm Sci.*, Dec. 2005, 94(12):2749-2763.
- Drew et al., "PPAR- γ : Therapeutic Potential for Multiple Sclerosis" *PPAR Research*, vol. 2008, Article ID 627463, Hindawi Publishing Corporation, doi: 10.1155/2008/627463, 9 pages, 2008.
- Drucker, "Enhancing incretin action for the treatment of type 2 diabetes." *Diabetes Care*, Oct. 2003, 26(10):2929-2940.
- Dufour, "NASH and thiazolidinediones: Not to be taken lightly" *Journal of Hepatology*, Oct. 2007, 47(4):451-453.
- Dunn et al., "Peroxisome proliferator-activated receptor (PPAR) alpha expression in T cells mediates gender differences in development of T cell-mediated autoimmunity" *The Journal of experimental medicine*, Feb. 2007, 204(2):321-330.
- Dunn et al., "Peroxisome proliferator-activated receptor delta limits the expansion of pathogenic Th cells during central nervous system autoimmunity" *Journal of Experimental Medicine*, Aug. 2010, 207(8):1599-608.
- Dunn et al., "Selective modulation of PPAR-gamma activity can lower plasma glucose without typical thiazolidinedione side-effects in patients with Type 2 diabetes" *J Diabetes Complications*, May 2011, 25(3):151-158.
- Dunn et al., "The Gender Gap in Multiple Sclerosis" *JAMA neurology*, May 2013, 70(5):634-5.
- Duparc et al., "Hepatocyte MyD88 affects bile acids, gut microbiota and metabolome contributing to regulate glucose and lipid metabolism" *Gut.*, Apr. 2017, 66:620-632.
- Dyson et al., "Non-alcoholic fatty liver disease: a practical approach to treatment" *Frontline Gastroenterol.*, Jul. 2014, 5:277-86.

(56)

References Cited

OTHER PUBLICATIONS

- Elbrond et al., "Pharmacokinetics, pharmacodynamics, safety, and tolerability of a single-dose of NN2211, a long-acting glucagon-like peptide 1 derivative, in healthy male subjects." *Diabetes Care.*, Aug. 2002, 25(8):1398-1404.
- EP Extended European Search Report in Appln. No. 16762290, dated Oct. 4, 2018, 8 pages.
- EP Extended European Search Report in Appln. No. 17842205, dated Mar. 12, 2020, 12 pages.
- EP Extended European Search Report in Appln. No. 17851479, dated May 4, 2020, 7 pages.
- EP Office Action in European Appln. No. 11827285.5, dated Jul. 5, 2018, 15 pages.
- EP Office Action in European Appln. No. 14746632, dated Apr. 3, 2019, 4 pages.
- Epstein et al., "Drug evaluation: PSN-9301, a short-acting inhibitor of dipeptidyl peptidase IV." *Curr Opin Investig Drugs*, Apr. 2007, 8(4):331-337.
- Eshraghian et al., "Non-alcoholic fatty liver disease and thyroid dysfunction: A systematic review" *World J Gastroenterol.*, Jul. 2014, 20(25):8102-8109.
- Extended European Search Report in Appln. No. 18741523.7, dated Jul. 16, 2020, 8 pages.
- Fargnoli et al., "Adherence to healthy eating patterns is associated with higher circulating total and high-molecular-weight adiponectin and lower resistin concentrations in women from the Nurses' Health Study" *Am J Clin Nutr.*, Nov. 2008, 88(5):1213-1224.
- Fargnoli et al., "Resistin is associated with biomarkers of inflammation while total and high-molecular weight adiponectin are associated with biomarkers of inflammation, insulin resistance, and endothelial function" *European Journal of Endocrinology*, Feb. 2010, 162(2):281-288.
- Farrell et al., "Nonalcoholic Fatty Liver Disease: From Steatosis to Cirrhosis" *Hepatology*, Feb. 2006, 43(S1):S99-112.
- Fasting et al., "Maternal Levels of Corticotropin-Releasing Hormone during Pregnancy in Relation to Adiponectin and Leptin in Early Childhood" *J Clin Endocrinol Metab*, Apr. 2009, 94(4):1409-1415.
- Feghali et al., "Cytokines in acute and chronic inflammation" *Front Biosci (Landmark Ed)*, Jan. 1997, 2(1):d12-26.
- Feinstein et al., "Peroxisome proliferator-activated receptor- γ agonists prevent experimental autoimmune encephalomyelitis" *Ann. Neurol.*, Jun. 2002, 51(6):694-702.
- Feldstein et al., "Cytokeratin-18 fragment levels as noninvasive biomarkers for nonalcoholic steatohepatitis: a multicenter validation study" *Hepatology*, Oct. 2009, 50(4):1072-2078.
- Festuccia et al., "Peroxisome proliferator-activated receptor-gamma-mediated positive energy balance in the rat is associated with reduced sympathetic drive to adipose tissues and thyroid status" *Endocrinology*, May 2008, 149(5):2121-2130.
- Fialova et al., "Serum and cerebrospinal fluid light neurofilaments and antibodies against them in clinically isolated syndrome and multiple sclerosis" *Journal of Neuroimmunology*, Sep. 2013, 262(1):113-120.
- Fiorenza et al., "Lipodystrophy: pathophysiology and advances in treatment" *Nat. Rev. Endocrinol.*, Mar. 2011, 7(3):137-150.
- Fiorucci et al., "Cross-talk between farnesoid-X-receptor (FXR) and peroxisome proliferator-activated receptor- γ contributes to the antifibrotic activity of FXR ligands in rodent models of liver cirrhosis" *Journal of Pharmacology and Experimental Therapeutics*, 315(1): 12 pages, Oct. 1, 2005.
- Fisher et al., "Drug metabolizing enzyme induction pathways in experimental non-alcoholic steatohepatitis" *Arch Toxicol.*, Dec. 2008, 82(12):959-964.
- Ford et al., "Prevalence of the Metabolic Syndrome Among US Adults Findings From the Third National Health and Nutrition Examination Survey" *JAMA*, Jan. 2002, 287(3):356-359.
- Fowler, "Diabetes Treatment, Part 3: Insulin and Incretins" *Clinical Diabetes*, Jan. 2008, 26(1):35-39.
- Fowler et al., "Host-derived adiponectin is tumor-suppressive and a novel therapeutic target for multiple myeloma and the associated bone disease" *Blood*, 118(22), 5872-5882, 2011.
- Francque et al., "PPAR α gene expression correlates with severity and histological treatment response in patients with non-alcoholic steatohepatitis" *Journal of Hepatology*, Jul. 2015, 63(1):164-173.
- Friedrich et al., "Response of fibroblast growth factor 19 and bile acid synthesis after a body weight-adjusted oral fat tolerance test in overweight and obese NAFLD patients: a non-randomized controlled pilot trial" *BAM Gastroenterol.*, Dec. 2018, 18(1):76-85.
- Fujita et al., "Dysfunctional Very-Low-Density Lipoprotein Synthesis and Release Is a Key Factor in Nonalcoholic Steatohepatitis Pathogenesis" *Hepatology*, Sep. 2009, 50(3):772-780.
- Fujita et al., "Telmisartan, An Angiotensin II Type 1 Receptor Blocker, Controls Progress of Nonalcoholic Steatohepatitis in Rats" *Digestive diseases and sciences*, Dec. 2007, 52(12):3455-3464.
- Gaemers et al., "Lipotoxicity and steatohepatitis in an overfed mouse model for non-alcoholic fatty liver disease" *Biochimica et Biophysica Acta*, Apr. 2011, 1812(4):447-458.
- Gale et al., "Energy Homeostasis, Obesity and Eating Disorders: Recent Advances in Endocrinology" *J. Nutr.* Feb. 2004, 134(2):295-298.
- Garattini et al., "New approaches to cancer therapy." *Ann. Oncol.*, 2003, 14:813-816.
- Garcia-Ruiz et al., "NADPH oxidase is implicated in the pathogenesis of oxidative phosphorylation dysfunction in mice fed a high-fat diet" *Scientific Reports*, May 2016, 6(1):23664, 13 pages.
- Gasbarrino et al., "Circulating Chemerin Is Associated With Carotid Plaque Instability, Whereas Resistin Is Related to Cerebrovascular Symptomatology" *Arterioscler Thromb Vasc Biol.*, Aug. 2016, 36(8):1670-1678.
- Gastaldelli et al., "Pioglitazone in the treatment of NASH: the role of adiponectin" *Aliment Pharmacol Ther*, Sep. 2010, 32(6):769-775.
- Gatta et al., "Survival of European children and young adults with cancer diagnosed 1995-2002" *Eur. J Cancer*, Apr. 2009, 45(6):992-1005.
- Gavrila et al., "Diurnal and Ultradian Dynamics of Serum Adiponectin in Healthy Men: Comparison with Leptin, Circulating Soluble Leptin Receptor, and Cortisol Patterns" *J Clin Endocrinol Metab*, Jun. 2003, 88:2838-2843.
- Gavrila et al., "Serum Adiponectin Levels Are Inversely Associated with Overall and Central Fat Distribution but Are Not Directly Regulated by Acute Fasting or Leptin Administration in Humans: Cross-Sectional and Interventional Studies" *J Clin Endocrinol Metab*, Oct. 2003, 88(10):4823-4831.
- George et al., "Nonalcoholic Fatty Liver Disease: Pathogenesis and Potential for Nuclear Receptors as Therapeutic Targets" *Molecular pharmacology*, Feb. 2008, 4:5(1):49-59.
- Georgescu et al., "Angiotensin-receptor blockers as therapy for mild-to-moderate hypertension-associated non-alcoholic steatohepatitis" *World J Gastroenterol*, Feb. 2009, 15(8):942-954.
- Gialamas et al., "Serum adiponectin levels and tissue expression of adiponectin receptors are associated with risk, stage, and grade of colorectal cancer" *Metabolism Clinical and Experimental*, Nov. 2011, 60(11):1530-1538.
- Gillman et al., "Breast-feeding, Adipokines, and Childhood Obesity" *Epidemiology*, Nov. 2007, 18(6):730-732.
- Girnun et al., "Synergy between PPAR γ ligands and platinum-based drugs in cancer" *Cancer Cell*, May 2007, 11(5):395-406.
- Glaesner et al., "Engineering and characterization of the long-acting glucagon-like peptide-1 analogue LY2189265, an Fc fusion protein" *Diabetes/metabolism research and reviews*, 26(4):287-296, May 2010.
- Gold et al., "Understanding pathogenesis and therapy of multiple sclerosis via animal models: 70 years of merits and culprits in experimental autoimmune encephalomyelitis research" *Brain*, Aug. 2006, 129(8):1953-1971.
- Gong et al., "Hypoxia induces downregulation of PPAR- γ in isolated pulmonary arterial smooth muscle cells and in rat lung via transforming growth factor- β signaling" *American Journal of Physiology-Lung Cellular and Molecular Physiology*, 301(6):L899-907, Dec. 2011.

(56)

References Cited

OTHER PUBLICATIONS

- Gouni-Berthold et al., "Short-term treatment with ezetimibe, simvastatin or their combination does not alter circulating adiponectin, resistin or leptin levels in healthy men" *Clinical Endocrinology*, Apr. 2008, 68(4):536-541.
- Graham et al., "Antisense inhibition of proprotein convertase subtilisin/kexin type 9 reduces serum LDL in hyperlipidemic mice" *J. Lipid Res.*, Apr. 2007, 48(4):763-67.
- Grommes et al., "The PPAR γ agonist pioglitazone crosses the blood-brain barrier and reduces tumor growth in a human xenograft model" *Cancer Chemother Pharmacol.*, Apr. 2013, 71(4):929-936.
- Gupte et al., "Rosiglitazone Attenuates Age- and Diet-Associated Nonalcoholic Steatohepatitis in Male Low-Density Lipoprotein Receptor Knockout Mice" *Hepatology*, Dec. 2010, 52(6):2001-11.
- Hameed et al., "Emerging therapies for nonalcoholic fatty liver disease" *Clin Liver Dis.*, 2016, 20:365-385.
- Hansmann et al., "PPAR γ activation: a potential treatment for pulmonary hypertension" *Science translational medicine*, 1(12):12ps14, 15 pages Dec. 23, 2009.
- Haznedaroglu, "Monitoring the response to tyrosine kinase inhibitor (TKI) treatment in chronic myeloid leukemia (CML)" *Mediterranean journal of hematology and infectious diseases*, 6(1), e2014009, 8 pages, 2014.
- Heidemann et al., "Total and High-Molecular-Weight Adiponectin and Resistin in Relation to the Risk for Type 2 Diabetes in Women" *Sep. 2008*, 149(5):307-316.
- Higgins et al., "Selective peroxisome proliferator-activated receptor gamma (PPAR-gamma) modulation as a strategy for safer therapeutic PPAR-gamma activation" *Am J Clin Nutr*, Jan. 2010, 91(1):267S-272S.
- Hinds et al., "Does bilirubin prevent hepatic steatosis through activation of the PPAR α nuclear receptor?" *Med. Hypth.*, Aug. 2016, 96:54-7.
- Hivert et al., "Circulating IL-18 and the risk of type 2 diabetes in women" *Diabetologia*, Oct. 2009, 52(10):2101-2108.
- Hivert et al., "Higher Adiponectin Levels Predict Greater Weight Gain in Healthy Women in the Nurses' Health Study" *Obesity*, Feb. 2011, 19(2):409-415.
- Ho et al., "Obelicholic acid, a synthetic bile acid agonist of the farnesoid X receptor, attenuates experimental autoimmune encephalomyelitis" *PNAS*, Feb. 2016, 113(6):1600-1605.
- Hofmann et al., "Low levels of circulating adiponectin are associated with multiple myeloma risk in overweight and obese individuals" *Cancer research*, Apr. 2016, 1:76(7):1935-41.
- Holst, "Treatment of Type 2 diabetes mellitus with agonists of the GLP-1 receptor or DPP-IV inhibitors" *Exp. Opin. Emerg. Drugs*, May 2004, 9(1):155-166.
- Holz et al., "Glucagon-Like Peptide-1 Synthetic Analogs: New Therapeutic Agents for Use in the Treatment of Diabetes Mellitus" *Chepomy, OG. Curr Med Chem.*, Nov. 2003, 10(22):2471-2483.
- Honda et al., "The selective SGLT2 inhibitor ipragliflozin has a therapeutic effect on nonalcoholic steatohepatitis in mice" *PLoS One*, 11(1):e0146337, 13 pages, Jan. 5, 2016.
- Horton et al., "Molecular biology of PCSK9: its role in LDL metabolism" *Trends Biochem. Sci.*, Feb. 2007, 32(2):71-77.
- Hossain et al., "The prevention and treatment of hypo adiponectinemia-associated human diseases by up-regulation of plasma adiponectin" *Life Sciences*, Aug. 2015, 135:55-67.
- Hsu et al., "A Carboxyl-terminal Extension of the Zinc Finger Domain Contributes to the Specificity and Polarity of Peroxisome Proliferator-activated Receptor DNA Binding" *J Biol. Chem.*, Oct. 1998, 273(43):27988-27997.
- Hsu et al., "Monascin and ankaflavin act as natural AMPK activators with PPAR α agonist activity to down-regulate nonalcoholic steatohepatitis in high-fat diet-fed C57BL/6 mice" *Food Chem. Toxic.*, Nov. 2013, 64:94-103.
- Huayu et al., "The correlation between peroxisome proliferator-activated receptor γ and liver diseases" *International Journal of Epidemiology and Infectious Disease*, 40(1): 62-65, English Abstract, Feb. 2013.
- Huffman et al., "Abdominal Obesity, Independent from Caloric Intake, Accounts for the Development of Intestinal Tumors in Apc1638N/+ Female Mice" *Cancer Prev Res*, Mar. 2013, 6(3):177-187.
- Huh et al., "FNDC5 and irisin in humans: I. Predictors of circulating concentrations in serum and plasma and II. mRNA expression and circulating concentrations in response to weight loss and exercise" *Metabolism*, Dec. 2012, 61(12):1725-38.
- IL Office Action in Appln. No. 248954, dated Jan. 6, 2018, 3 pages.
- Inamura et al., "Prediagnosis Plasma Adiponectin in Relation to Colorectal Cancer Risk According to KRAS Mutation Status" *JNCI J Natl Cancer Inst*, Apr. 2016, 108(4):d363, 10 pages.
- Inoue et al., "Bach1 gene ablation reduces steatohepatitis in mouse MCD diet model" *J. Clin. Biochem. Nutr.*, Feb. 2011, 48(2):161-166.
- International Preliminary Report on Patentability in International Appln. No. PCT/US2019/068688, dated Oct. 14, 2021, 9 pages.
- International Preliminary Report on Patentability in International Appln. No. PCT/US2019/025118, dated Oct. 15, 2020, 11 pages.
- International Preliminary Report on Patentability in International Appln. No. PCT/US2019/068693, dated Oct. 14, 2021, 10 pages.
- International Preliminary Report on Patentability in International Appln. No. PCT/US2019/068698, dated Oct. 14, 2021, 12 pages.
- International Preliminary Report on Patentability in International Appln. No. PCT/US2019/068704, dated Oct. 14, 2021, 13 pages.
- International Preliminary Report on Patentability in International Appln. No. PCT/US2019/068706, dated Oct. 14, 2021, 11 pages.
- International Preliminary Report on Patentability in International Appln. No. PCT/US2019/068710, dated Jul. 15, 2021, 12 pages.
- International Search Report and Written Opinion in International Appln. No. PCT/US2020/055567, dated Jan. 22, 2021, 16 pages.
- International Search Report and Written Opinion in International Appln. No. PCT/US2009/059384, dated May 25, 2010, 13 pages.
- International Search Report and Written Opinion in International Appln. No. PCT/US2010/044495, dated Apr. 29, 2011, 11 pages.
- International Search Report and Written Opinion in International Appln. No. PCT/US2011/052100, dated May 1, 2012, 13 pages.
- International Search Report and Written Opinion in International Appln. No. PCT/US2014/12656, dated May 13, 2014, 5 pages.
- International Search Report and Written Opinion in International Appln. No. PCT/US2016/021162, dated May 23, 2016, 10 pages.
- International Search Report and Written Opinion in International Appln. No. PCT/US2017/47578, dated Nov. 17, 2017, 9 pages.
- International Search Report and Written Opinion in International Appln. No. PCT/US2018/025923, dated Jul. 24, 2018, 18 pages.
- International Search Report and Written Opinion in International Appln. No. PCT/US2018/14240, dated Mar. 19, 2018, 18 pages.
- International Search Report and Written Opinion in International Appln. No. PCT/US2019/025118, dated May 6, 2019, 18 pages.
- International Search Report and Written Opinion in International Appln. No. PCT/US2019/068688, dated Apr. 20, 2020, 17 pages.
- International Search Report and Written Opinion in International Appln. No. PCT/US2020/034480, dated Aug. 18, 2020, 15 pages.
- International Search Report and Written Opinion in International Appln. No. PCT/US2019/068693, dated Apr. 20, 2020, 19 pages.
- International Search Report and Written Opinion in International Appln. No. PCT/US2019/068698, dated Jul. 3, 2020, 21 pages.
- International Search Report and Written Opinion in International Appln. No. PCT/US2019/068704, dated Jun. 25, 2020, 22 pages.
- International Search Report and Written Opinion in International Appln. No. PCT/US2019/068706, dated Jun. 25, 2020, 21 pages.
- International Search Report and Written Opinion in International Appln. No. PCT/US2019/068710, dated Jun. 25, 2020, 22 pages.
- Ishak et al., "Histological grading and staging of chronic hepatitis" *J Hepatol.*, 1995, 22:696-699.
- Jeftic et al., "Galectin-3 Ablation Enhances Liver Steatosis, but Attenuates Inflammation and IL-33-Dependent Fibrosis in Obesogenic Mouse Model of Nonalcoholic Steatohepatitis" *Mol Med.*, Jan. 2015, 21(1):453-465.
- Jeon et al., "Genistein alleviates the development of nonalcoholic steatohepatitis in ApoE $^{-/-}$ mice fed a high-fat diet" *Mol. Nutr. Food Res.*, Apr. 2014, 58(4):830-841.

(56)

References Cited

OTHER PUBLICATIONS

- Jha et al., "Role of Adipose Triglyceride Lipase (PNPLA2) in Protection From Hepatic Inflammation in Mouse Models of Steatohepatitis and Endotoxemia" *Hepatology*, Mar. 2014, 59(3):858-69.
- Jiang et al., "PPAR-gamma agonists inhibit production of monocyte inflammatory cytokines." *Nature*, Jan. 1998, 391(6662):82-86.
- Jin et al., "Neuroprotective effects of PPAR- γ agonist rosiglitazone in N171-82Q mouse model of Huntington's disease" *Journal of neurochemistry*, May 2013, 125(3):410-419.
- Jojima et al., "Empagliflozin (an SGLT2 inhibitor), alone or in combination with linagliptin (a DPP-4 inhibitor), prevents steatohepatitis in a novel mouse model of non-alcoholic steatohepatitis and diabetes" *Diabetology & metabolic syndrome*, Dec. 2016;8(1):1-11, Dec. 2016.
- Joshi-Barve et al., "Alcoholic, Nonalcoholic, and Toxicant-Associated Steatohepatitis: Mechanistic Similarities and Differences" *Cell Mol Gastroenterol Hepatol.*, Jul. 2015, 1(4):356-367.
- Joung et al., "Early Life Adversity Is Associated With Elevated Levels of Circulating Leptin, Irisin, and Decreased Levels of Adiponectin in Midlife Adults" *J Clin Endocrinol Metab*, Jun. 2014, 99(6):E1055-E1060.
- JP Office Action in Appl. No. 2017-566609, dated Dec. 24, 2019, English Translation, 8 pages.
- Jung et al., "Sitagliptin attenuates methionine/choline-deficient diet-induced steatohepatitis" *Diabetes research and clinical practice*, 105(1): 12 pages, Jul. 1, 2014.
- Kaiser et al., "A pilot test of pioglitazone as an add-on in patients with relapsing remitting multiple sclerosis" *Journal of Neuroimmunology*, Jun. 2009, 211(1-2):124-130.
- Kakazu et al., "The influence of pioglitazone on the plasma amino acid profile in patients with nonalcoholic steatohepatitis (NASH)" *Hepatol Int.*, Jun. 2013, 7(2):577-585.
- Kaklamani et al., "Adiponectin pathway polymorphisms and risk of breast cancer in African Americans and Hispanics in the Women's Health Initiative" *Breast Cancer Res. Trea.*, Apr. 2013, 139:461-8.
- Kaklamani et al., "Polymorphisms of ADIPOQ and ADIPOR1 and prostate cancer risk" *Metabolism*, Sep. 2011, 60(9):1234-43.
- Kaklamani et al., "Variants of the Adiponectin (ADIPOQ) and Adiponectin Receptor 1 (ADIPOR1) Genes and Colorectal Cancer Risk" *JAMA.*, Oct. 2008, 300(13):1523-1531.
- Kaklamani et al., "Variants of the Adiponectin and Adiponectin Receptor 1 Genes and Breast Cancer Risk" *Cancer Res.*, May 2008, 68(9):3178-84.
- Kallwitz et al., "Role of peroxisome proliferators-activated receptors in the pathogenesis and treatment of nonalcoholic fatty liver disease" *World J. Gastroenterol.*, Jan. 2008, 14(1):22-8.
- Kalra et al., "Glucagon-like peptide-1 receptor agonists in the treatment of type 2 diabetes: past, present, and future" *Indian journal of endocrinology and metabolism*, 20(2): 14 pages, Mar. 2016.
- Kanakasabai et al., "Peroxisome proliferator-activated receptor delta agonists inhibit T helper type 1 (Th1) and Th17 responses in experimental allergic encephalomyelitis" *Immunology*, Aug. 2010, 130:572-588.
- Kang and Chen, "Curcumin eliminates oxidized LDL roles in activating hepatic stellate cells by suppressing gene expression of lectin-like oxidized LDL receptor-1" *Lab. Invest.*, Nov. 2009, 89:1275-90.
- Kang et al., "Variants of the Adiponectin and Adiponectin Receptor-1 Genes and Posttransplantation Diabetes Mellitus in Renal Allograft Recipients" *J. Clin. Endocrinol. Metab.*, Jan. 2012, 97(1):E129-35.
- Karachaliou et al., "Real-time liquid biopsies become a reality in cancer treatment" *Ann. Transl. Med.*, Mar. 2015, 3(3):36, 3 pages.
- Karagozian et al., "Obesity-associated mechanisms of hepatocarcinogenesis" *Metabolism*, May 2014, 63(5):507-617.
- Karakosta et al., "Cord blood leptin levels in relation to child growth trajectories" *Metabolism*, Mar. 2016, 65:874-82.
- Karas et al., "Relations of Plasma Total and High-Molecular-Weight Adiponectin to New-Onset Heart Failure in Adults ≥ 65 Years of Age (from the Cardiovascular Health Study)" *Am. J. Cardiol.*, Jan. 2014, 113:328-34.
- Karla et al., "Glucagon-like peptide-I receptor agonists in the treatment of type 2 diabetes: Past, present, and future" *Indian J Endocrinol Metab.*, 2016, 20(2):254-267.
- Kato et al., "Therapeutic effects of angiotensin II type 1 receptor blocker, irbesartan, on non-alcoholic steatohepatitis using FLS-ob/ob male mice" *Internatl. J. Mole. Med.*, Feb. 2012, 30:107-13.
- Katsiki et al., "Non-alcoholic fatty liver disease and dyslipidemia: An update" *Metabolism*, May 2016, 65:1109-23.
- Katsiki, "Statins in relation to adiponectin: A significant association with clinical implications" *Atherosclerosis*, Aug. 2016, 253:270-2.
- Kawaguchi et al., "Pioglitazone prevents hepatic steatosis, fibrosis, and enzyme-altered lesions in rat liver cirrhosis induced by a choline-deficient L-amino acid-defined diet" *Biochem. Biophys. Res. Comm.*, 2004, 315:187-95.
- Kawahara et al., "Peroxisome Proliferator-Activated Receptor γ (PPAR γ)-Independent Specific Cytotoxicity against Immature Adipocytes Induced by PPAR γ Antagonist T0070907" *Biol. Pharm. Bull.*, Jun. 2013, 36(9):1428-34.
- Kelesidis et al., "Adiponectin and cancer: a systematic review" *Br. J. Cancer*, Mar. 2006, 94:1221-5.
- Kersey et al., "T0903131, a selective modulator of PPAR-gamma activity, increases adiponectin levels in healthy subjects" *Diabetes*, Jun. 1, 2004.
- Khalil et al., "Neurofilaments as biomarkers in neurological disorders" *Nature Reviews Neurology*, 14(10):577-589, Oct. 2018.
- Khan et al., "Biomarker Detection of Neurological Disorders through Spectroscopy Analysis" *International Dental & Medical Journal of Advanced Research*, 2018, 4(1):1-9.
- Khandekar et al., "Noncanonical agonist PPAR γ ligands modulate the response to DNA damage and sensitize cancer cells to cytotoxic chemotherapy" *Proceedings of the National Academy of Sciences*, Jan. 2018, 115(3):561-6.
- Kharitonov et al., "FGF-21 as a novel metabolic regulator" *J Clin. Invest.*, Jun. 2005, 115:1627-1635.
- Kim et al., "Development and characterization of a glucagon-like peptide 1-albumin conjugate: the ability to activate the glucagon-like peptide 1 receptor in vivo" *Diabetes*, Mar. 2003, 52(3):751-759.
- Kim et al., "Intratracheal exposure to multi-walled carbon nanotubes induces a nonalcoholic steatohepatitislike phenotype in C57BL/6J mice" *Nanotoxicology*, Sep. 2014, 9(5):613-23.
- Kim et al., "Lifestyle modification increases circulating adiponectin concentrations but does not change vaspin concentrations" *Metabolism*, Jan. 2011, 60:1294-9.
- Kim et al., "Rosiglitazone attenuates hypoxia-induced pulmonary arterial hypertension in rats" *Respirology*, 15(4):659-668, May 2010.
- Kizer et al., "Associations of Total and High-Molecular-Weight Adiponectin With All-Cause and Cardiovascular Mortality in Older Persons" *Circulation*, Dec. 2012, 126(25):2951-61.
- Kizer et al., "Total and High-Molecular-Weight Adiponectin and Risk of Coronary Heart Disease and Ischemic Stroke in Older Adults" *J. Clin. Endocrinol. Metab.*, Jan. 2013, 98(1):255-63.
- Kizer et al., "Total and High-Molecular-Weight Adiponectin and Risk of Incident Diabetes in Older People" *Diabetes Care*, Feb. 2012, 35:415-23.
- Kleiner et al., "Design and Validation of a Histological Scoring System for Nonalcoholic Fatty Liver Disease" *Hepatology*, Jun. 2005, 41(6):1313-1321.
- Klotz et al., "The nuclear receptor PPAR γ selectively inhibits Th17 differentiation in a T cell-intrinsic fashion and suppresses CNS autoimmunity" *Journal of Experimental Medicine*, Sep. 2009, 206(10):2079-89.
- Komeda, "Obesity and NASH in Japan" *Hept. Res.*, Oct. 2005, 33:83-6.
- Körner et al., "Total and High-Molecular-Weight Adiponectin in Breast Cancer: In Vitro and in Vivo Studies" *J. Clin. Endocrinol. Metab.*, Mar. 2007,92(3):1041-8.

(56) **References Cited**

OTHER PUBLICATIONS

- Kourouma et al., "Effects of 4-nonylphenol on oxidant/antioxidant balance system inducing hepatic steatosis in male rat" *Toxicol. Rep.*, Oct. 2015, 2:1423-33.
- Kristiansen et al., "Obese diet-induced mouse models of nonalcoholic steatohepatitis-tracking disease by liver biopsy" *World J Hepatol.*, Jan. 2016, 8(16):673-684.
- Kuchay et al., "Effect of empagliflozin on liver fat in patients with type 2 diabetes and nonalcoholic fatty liver disease: a randomized controlled trial (E-LIFT Trial)" *Diabetes care*, 41(8):1801-1808, Aug. 1, 2018.
- Kuhle et al., "Fingolimod and CSF neurofilament light chain levels in relapsing-remitting multiple sclerosis" *Neurology*, Apr. 21, 2015, 84(16):1639-1643.
- Kummer et al., "PPARs in Alzheimer's disease" *PPAR Research*, ID 403896, 2008, 1-8 pages.
- Kuwashiro et al., "Telmisartan improves nonalcoholic steatohepatitis in medaka (*Oryzias latipes*) by reducing macrophage infiltration and fat accumulation" *Cell Tissue Res.*, Feb. 2011, 344:125-34.
- Kyung-Kim et al., "PAR-1622 is a selective peroxisome proliferator-activated receptor gamma partial activator with preserved antidiabetic efficacy and broader safety profile for fluid retention" *Arch Pharm Res*, May 2009, 32(5):721-727.
- Lake et al., "Transcription factor binding site enrichment analysis predicts drivers of altered gene expression in nonalcoholic steatohepatitis" *Biochem. Pharmacol.*, Nov. 2016, 122:62-71.
- Lalloyer et al., "Peroxisome Proliferator-Activated Receptor-Gene Level Differently Affects Lipid Metabolism and Inflammation in Apolipoprotein E2 Knock-In Mice" *Arterioscler. Thromb. Vasc. Biol.*, Mar. 2011, 31:1573-9.
- Larter et al., "Peroxisome proliferator-activated receptor- α agonist, Wy 14 643, improves metabolic indices, steatosis and ballooning in diabetic mice with non-alcoholic steatohepatitis" *J. Gastroenterol. Hepatol.*, Feb. 2012, 27(2):341-50.
- Lavine, "Vitamin E treatment of nonalcoholic steatohepatitis in children: A pilot study 2000" *The Journal of pediatrics*, Jun. 2000, 1; 136(6):734-8.
- Lebovitz et al., "Rosiglitazone Clinical Trials Study Group. Rosiglitazone monotherapy is effective in patients with type 2 diabetes" *The Journal of Clinical Endocrinology & Metabolism*, 86(1):280-288, Jan. 1, 2001.
- Leclercq, "Pathogenesis of steatohepatitis : insights from the study of animal models" *Acta Gastroenterol. Belg.*, Jan.-Mar. 2007, 70(1):25-31.
- Lee et al., "Effects of leptin and adiponectin on pancreatic β -cell function" *Metabolism*, Apr. 2011, 60:1664-72.
- Legchenko et al., "PPAR γ agonist pioglitazone reverses pulmonary hypertension and prevents right heart failure via fatty acid oxidation" *Science translational medicine*, 10(438): 18 pages, Apr. 25, 2018.
- Lehmann et al., "An antidiabetic thiazolidinedione is a high affinity ligand for peroxisome proliferator-activated receptor gamma (PPAR gamma)" *J. Biol. Chem.*, Jun. 1995, 270(22):12953-12956.
- Lemoine et al., "Altered hepatic expression of SREBP-1 and PPAR γ is associated with liver injury in insulin-resistant lipodystrophic HIV-infected patients" *AIDS*, Sep. 2011, 20:387-95.
- Lemoine et al., "Hepatic molecular effects of rosiglitazone in human non-alcoholic steatohepatitis suggest long-term pro-inflammatory damage" *Heptal. Res.*, 2014, 44:1241-7.
- Lemoine et al., "PPAR and Liver Injury in HIV-Infected Patients" *PPAR Res.*, Jan. 2009, 2009:906167.
- Leroux et al., "Toxic lipids stored by Kupffer cells correlates with their pro-inflammatory phenotype at an early stage of steatohepatitis" *J. Hept.*, Jul. 2012, 57:141-9.
- Li et al., "Effects of endoxins on the expression of peroxisome proliferator-activated receptor alpha in the development of nonalcoholic steatohepatitis in rats" *Chin. J. Hepatol.*, Feb. 2006, 13(2):89-91.
- Li et al., "The effects of PPAR-gamma ligand pioglitazone on platelet aggregation and arterial thrombus formation" *Cardiovascular Research* Mar. 2005. 65(4):907-912.
- Liang et al., "Salsalate attenuates diet induced non-alcoholic steatohepatitis in mice by decreasing lipogenic and inflammatory processes" *Br. J. Pharmacol.*, Aug. 2015, 172:5293-305.
- Libbey et al., "Experimental autoimmune encephalomyelitis as a testing paradigm for adjuvants and vaccines" *Apr.* 2011, 29(17):3356-3362.
- Lichtinghagen et al., "The Enhanced Liver Fibrosis (ELF) score: normal values, influence factors and proposed cut-off values." *J Hepatol.*, Aug. 2013, 59(2):236-242.
- Ligibel et al., "Impact of a mixed strength and endurance exercise intervention on levels of adiponectin, high molecular weight adiponectin and leptin in breast cancer survivors" *Cancer Causes Control*, May 2009, 20:1523-8.
- Lin et al., "Lipid and inflammatory biomarkers and kidney function decline in type 2 diabetes" *Diabetologia*, Nov. 2009, 53:263-7.
- Liss and Finck, "PPARs and nonalcoholic fatty liver disease" *Biochimie*, Dec. 2016, 136:65-74.
- Liu et al., "Adiponectin administration prevents weight gain and glycemic profile changes in diet-induced obese immune deficient Rag1 $^{-/-}$ mice lacking mature lymphocytes" *Metabolism*, Sep. 2016, 65:1720-30.
- Liu et al., "Antioxidant Mechanisms in Nonalcoholic Fatty Liver Disease" *Curr. Drug Tar.*, Nov. 2015, 16(12):1301-1314.
- Liu et al., "Lack of mature lymphocytes results in obese but metabolically healthy mice when fed a high-fat diet" *International Journal of Obesity*, Oct. 2015, 39(10):1548-1557.
- Liu et al., "The ameliorating effect of rosiglitazone on experimental nonalcoholic steatohepatitis is associated with regulating adiponectin receptor expression in rats" *Euro. J. Pharmacol.*, Oct. 2010, 650:384-9.
- Liu et al., "The role of fibroblast growth factor 21 in the pathogenesis of non-alcoholic fatty liver disease and implications for therapy" *Metabolism*, Mar. 2015, 64(3):380-90.
- Liu et al., "Vitamin b6 prevents endothelial dysfunction, insulin resistance, and hepatic lipid accumulation in *apoE* $^{-/-}$ mice fed with high-fat diet" *Journal of diabetes research*, 2016, 8 pages Oct. 2016.
- Lo et al., "Adipsin Is an Adipokine that Improves β Cell Function in Diabetes" *Cell*, Jul. 2014, 158(1):41-53.
- Lomonaco et al., "Nonalcoholic Fatty Liver Disease: Current Issues and Novel Treatment Approaches" *Drugs*, Jan. 2013, 73(1):1-14.
- Loyer et al., "Liver microRNA-21 is overexpressed in non-alcoholic steatohepatitis and contributes to the disease in experimental models by inhibiting PPAR α expression" *Gut*, Sep. 2015, 65:1882-94.
- Lubkowska et al., "Adiponectin as a Biomarker of Osteoporosis in Postmenopausal Women: Controversies" *Hindawi Publishing Corporation, Disease Markers*, Oct. 2014, vol. 2014, Article ID 975178, 1 page.
- Lutchman et al., "The Effects of Discontinuing Pioglitazone in Patients with Nonalcoholic Steatohepatitis" *Hepatology*, Aug. 2007, 46(2):424-9.
- Lv et al., "Noninvasive Quantitative Detection Methods of Liver Fat Content in Nonalcoholic Fatty Liver Disease." *J. Clin Transl Hepatol.*, Jun. 2018, 6(2):217-221.
- Ma et al., "Hepatoprotective effects of geniposide in a rat model of nonalcoholic steatohepatitis" *J. Pharm. Pharmacol.*, Jan. 2011, 63:587-93.
- Machado et al., "Vitamin B5 and N-acetylcysteine in nonalcoholic steatohepatitis: a preclinical study in a dietary mouse model" *Digestive diseases and sciences*, 61(1):12 pages, Jan. 1, 2016.
- Madar et al., "Discovery of 2-[4-{{2-(2S,5R)-2-Cyano-5-ethynyl-1-pyrrolidinyl}-2-oxoethyl}amino]-4-methyl-1-piperidinyl]-4-pyridinecarboxylic Acid (ABT-279): A Very Potent, Selective, Effective, and Well-Tolerated Inhibitor of Dipeptidyl Peptidase-IV, Useful for the Treatment of Diabetes" *J. Med. Chem.*, Oct. 2006, 49(21):6416-6420.
- Maechiba et al., "Disposition of the new antidiabetic agent pioglitazone in rats, dogs, and monkeys" *Arzneimittel-forschung*, Jan. 1997, 47(1):29-35.
- Magkos and Mantzoros, "Body fat redistribution and metabolic abnormalities in HIV-infected patients on highly active antiretroviral

(56) **References Cited**

OTHER PUBLICATIONS

- therapy: novel insights into pathophysiology and emerging opportunities for treatment" *Metabolism*, 2011, 60:749-53.
- Magkos et al., "Leptin replacement improves postprandial glycemia and insulin sensitivity in human immunodeficiency virus-infected lipotrophic men treated with pioglitazone: a pilot study" *Metabolism*, Oct. 2010, 60:1045-9.
- Maglich et al., "The nuclear receptor CAR (NRII3) regulates serum triglyceride levels under conditions of metabolic stress" *J. Lipid Res.*, Oct. 2008, 50:439-45.
- Mamalakis et al., "Depression and serum adiponectin and adipose omega-3 and omega-6 fatty acids in adolescents" *Pharmacology, Biochemistry and Behavior*, Oct. 2006, 85(2):474-479.
- Mantzoros et al., "Adherence to the Mediterranean dietary pattern is positively associated with plasma adiponectin concentrations in diabetic women 1-3" *Am. J. Clin. Nutr.*, Aug. 2006, 84:328-35.
- Mantzoros et al., "Adiponectin and Breast Cancer Risk" *J. Clin. Endocrinol. Metab.*, Mar. 2004, 89(3):1102-7.
- Mantzoros et al., "Circulating Adiponectin Levels Are Associated with Better Glycemic Control, More Favorable Lipid Profile, and Reduced Inflammation in Women with Type 2 Diabetes" *J. Clin. Endocrinol. Metab.*, Aug. 2005, 90(8):4542-8.
- Mantzoros et al., "Cord Blood Leptin and Adiponectin as Predictors of Adiposity in Children at 3 Years of Age: A Prospective Cohort Study" *Pediatrics*, Feb. 2009, 123:682-9.
- Mantzoros et al., "Maternal diet and cord blood leptin and adiponectin concentrations at birth" *Clinical Nutrition*, Oct. 2010, 29(5):622-626.
- Mantzoros et al., "Serum adiponectin concentrations in relation to maternal and perinatal characteristics in newborns" *Eur. J. Endocrinol.*, Dec. 2004, 151:741-6.
- Marangoni et al., "A candidate gene study reveals association between a variant of the Peroxisome Proliferator-Activated Receptor Gamma (PPAR- γ) gene and systemic sclerosis" *Arthritis research & therapy*, 17(1):Dec. 1-8, 2015.
- Marino et al., "Glucocorticoid Receptor Induces Hepatic Steatosis by Augmenting Inflammation and Inhibition of the Peroxisome Proliferator-activated Receptor (PPAR)" *The Journal of Biological Chemistry*, Dec. 2016, 291(50):25776-88.
- Martinez et al., "A mechanistic approach to understanding the factors affecting drug absorption: A review of fundamentals" *J Clin Pharmacol*, Jun. 2002, 42(6):620-643.
- Mas et al., "IL-6 Deficiency Attenuates Murine Diet-Induced Non-Alcoholic Steatohepatitis" *PLoS One*, Nov. 2009, 4(11):e7929.
- Maso et al., "Circulating Adiponectin and Endometrial Cancer Risk" *J Clin Endocrinol Metab*, 2004, 89(3):1160-1163.
- Matarese et al., "Leptin and Adipocytokines: Bridging the Gap Between Immunity and Atherosclerosis" *Current Pharmaceutical Design*, Dec. 2007, 13(36):3676-3680.
- Matsunami et al., "Regulation of synthesis and oxidation of fatty acids by adiponectin receptors (AdipoR1/R2) and insulin receptor substrate isoforms (IRS-1/-2) of the liver in a nonalcoholic steatohepatitis animal model" *Metabolism Clinical and Experimental*, Jun. 2011, 60(6):805-814.
- Mazza et al., "The role of metformin in the management of NAFLD" *Experimental diabetes research*, 2012: 14 pages, Dec. 12, 2011.
- McPherson et al., "Simple non-invasive fibrosis scoring systems can reliably exclude advanced fibrosis in patients with non-alcoholic fatty liver disease" *Gut.*, Sep. 2010, 59(9):1265-1269.
- Melistas et al., "Association of the C45TOG and C276GOT polymorphisms in the adiponectin gene with insulin resistance in nondiabetic Greek women" *Eur. J. Endocrinol.*, 2009, 161:845-52.
- Mencarelli et al., "VSL#3 Resets Insulin Signaling and Protects against NASH and Atherosclerosis in a Model of Genetic Dyslipidemia and Intestinal Inflammation" *PLoS One*, Sep. 2012, 7(9):e45425.
- Mergulhao et al., "Recombinant protein secretion in *Escherichia coli*" *Biotechnol. Advances*, May 2005, 23(3):177-202.
- Michalakis et al., "In prostate cancer, low adiponectin levels are not associated with insulin resistance" *Eur. J. Clin. Invest.* Jun. 2015, 45:572-8.
- Michalakis et al., "Serum Adiponectin Concentrations and Tissue Expression of Adiponectin Receptors Are Reduced in Patients with Prostate Cancer: A Case Control Study" *Cancer Epidemiol., Biomarkers Prev.*, Feb. 2007, 16(2):308-13.
- Miller et al., "A Controlled Trial of Natalizumab for Relapsing Multiple Sclerosis" *New England Journal of Medicine*, Jan. 2003, 348(1):15-23.
- Miller et al., "Efficacy of six months' therapy with oral rosiglitazone maleate in relapsing-remitting multiple sclerosis" 10th Annual Meeting of the Americas Committee for Treatment and Research in Multiple Sclerosis 2005, 1 page.
- Minagar et al., "Blood-brain barrier disruption in multiple sclerosis" *Multi Seier*, Dec. 2003, 9(6):540-549.
- Mintzioti et al., "Emerging and future therapies for nonalcoholic steatohepatitis in adults" *Expert Opinion on Pharmacotherapy*, Sep. 2016, 17(14):1937-1946.
- Mishra et al., "Current Treatment Strategies for Non-Alcoholic Fatty Liver Disease (NAFLD)" *Current Drug Discovery Technologies*, Aug. 2007, 4(2):133-140.
- Mitsiades et al., "Circulating Adiponectin Is Inversely Associated with Risk of Thyroid Cancer: In Vivo and in Vitro Studies" *J Clin Endocrinol Metab*, Dec. 2011, 96(12):E2023-E2028.
- Miyamura et al., "Drug-induced Nonalcoholic Steatohepatitis" *Yakugaku Zasshi: Journal of the Pharmaceutical Society of Japan*, Jan. 2016, 136(4):579-82.
- Mokhtar et al., "Combination therapy in combating cancer." *Oncotarget*, Jun. 2017, 6;8(23):38022-38043.
- Molica et al., "Does adiponectin act as an antiangiogenic factor in B-ceH chronic lymphocytic leukemia?" *Adv Hematol.*, Jan. 2009:287974, 6 pages.
- Monzillo et al., "Effect of Lifestyle Modification on Adipokine Levels in Obese Subjects with Insulin Resistance" *Resistance. Obes Res.*, Sep. 2003, 11(9):1048-1054.
- Moon et al., "Adiponectin and metformin additively attenuate IL1b-induced malignant potential of colon cancer" *Endocrine-Related Cancer*, Dec. 2013, 20(6):849-859.
- Moon et al., "Amylin-induced downregulation of hippocampal neurogenesis is attenuated by leptin in a STAT3/AMPK/ERK-dependent manner in mice" *Diabetologia*, Mar. 2013, 56(3):627-634.
- Moon et al., "Direct Role of Adiponectin and Adiponectin Receptors in Endometrial Cancer: In Vitro and Ex Vivo Studies in Humans" *Mol Cancer Ther*, Dec. 2011, 10(12):2234-2243.
- Moon et al., "Salutary effects of adiponectin on colon cancer: in vivo and in vitro studies in mice" *Gut.*, Apr. 2013, 62(4):561-570.
- Motani et al., "A selective modulator of PPAR γ " *J Mal. Biol.*, Mar. 2009, 386(5):1301-1311.
- Mukundan et al., "PPAR-delta senses and orchestrates clearance of apoptotic cells to promote tolerance" *Nat Med.*, Nov. 2009, 15(11):1266-1272.
- Murphy et al., "Effects of thiazolidinediones on bone loss and fracture" *Annals of Pharmacotherapy*, Dec. 2007, 41(12):2014-2018.
- Musso et al., "Impact of current treatments on liver disease, glucose metabolism and cardiovascular risk in non-alcoholic fatty liver disease (NAFLD): a systematic review and meta-analysis of randomised trials" *Diabetologia*, Apr. 2012, 55(4):885-904.
- Musso et al., "New Pharmacologic Agents That Target Inflammation and Fibrosis in Nonalcoholic Steatohepatitis-Related Kidney Disease" *Clinical Gastroenterology and Hepatology*, Jul. 2017, 15(7):972-985.
- MX Office Action in Mexican Appln. No. MX/a/2013/003160, dated Apr. 13, 2018, 4 pages.
- Nagasawa et al., "Effects of bezafibrate, PPAR pan-agonist, and GW501516, PPAR δ agonist, on development of steatohepatitis in mice fed a methionine- and choline-deficient diet" *European Journal of Pharmacology*, Apr. 2006, 536(1-2):182-191.
- Nagaya et al., "Mechanism of the development of nonalcoholic steatohepatitis after pancreaticoduodenectomy" *BBA Clinical Jun*. 2015. 3:168-174.

(56)

References Cited

OTHER PUBLICATIONS

- Nakagami et al., "Nifedipine prevents hepatic fibrosis in a non-alcoholic steatohepatitis model induced by an L-methionine-and choline-deficient diet" *Molecular medicine reports*, Jan. 2012, 5(1):37-40.
- Nakagami et al., "Prevention and regression of non-alcoholic steatohepatitis (NASH) in a rat model by metoprolol, telmisartan" *International journal of molecular medicine*, Oct. 2010, 26(4):477-81.
- Nakajima et al., "The roles of PPARs in digestive diseases" *Apr. 2005*, 63(4):665-671.
- Nakayama et al., "Effects of adiponectin transgenic expression in liver of nonalcoholic steatohepatitis model mice" *Metabolism Clinical and Experimental*, Jul. 2009, 58(7):901-8.
- Nan et al., "Rosiglitazone prevents nutritional fibrosis and steatohepatitis in mice" *Scandinavian Journal of Gastroenterology*, Jan. 2009, 44:358-365.
- Natarajan et al., "Peroxisome proliferator-activated receptor-gamma agonists inhibit experimental allergic encephalomyelitis by blocking IL-12 production, IL-12 signaling and Th1 differentiation" *Genes & Immunity*, Apr. 2002, 3(2):59-70.
- Nauck et al., "Gastric Inhibitory Polypeptide and Glucagon-Like Peptide-1 in the Pathogenesis of Type 2 Diabetes" *Diabetes*, Dec. 2004, 53(Suppl. 3):S190-196.
- Naumann et al., "A simple synthesis of dihydroxybipyridyls" *Synthesis* 1990, 4:279-281.
- Neuman et al., "Biomarkers in Nonalcoholic Fatty Liver Disease" *Can J Gastroenterol Hepatol.*, Dec. 2014, 28(11):607-618.
- Neuschwander-Tetri et al., "Farnesoid X nuclear receptor ligand obeticholic acid for non-cirrhotic, non-alcoholic steatohepatitis (FLINT): a multicentre, randomised, placebo-controlled trial" *Lancet*, Mar. 2015, 385(9972):956-965.
- Neuschwander-Tetri et al., "Improved Nonalcoholic Steatohepatitis After 48 Weeks of Treatment With the PPAR- γ Ligand Rosiglitazone" *Hepatology*, Oct. 2003, 38(4):1008-17.
- Neuschwander-Tetri et al., "Interim results of a pilot study demonstrating the early effects of the PPAR- γ ligand rosiglitazone on insulin sensitivity, aminotransferases, hepatic steatosis and body weight in patients with non-alcoholic steatohepatitis" *Journal of Hepatology*, Apr. 2003, 38(4):434-440.
- Nordhoff et al., "The reversed binding of β -phenethylamine inhibitors of DPP-IV: X-ray structures and properties of novel fragment and elaborated inhibitors" *Bioorganic Medical Chemistry Letters*, Mar. 2006, 16(6):1744-1748.
- Nowak et al., "Differentiation therapy of leukemia: 3 decades of development" *Blood*, 113(16), 3655-3665.
- Nozaki et al., "Deficiency of iNOS-derived NO accelerates lipid accumulation-independent liver fibrosis in nonalcoholic steatohepatitis mouse model" *BMC Gastroenterology*, Dec. 2015, 15(1):42.
- Ogasawara et al., "A novel and comprehensive mouse model of human non-alcoholic steatohepatitis with the full range of dysmetabolic and histological abnormalities induced by gold thioglucose and a high-fat diet" *Liver International*, Apr. 2011, 31(4):542-51.
- Oliveira et al., "Vitamin C and vitamin E in prevention of non-alcoholic fatty liver disease (NAFLD) in choline deficient diet fed rats" *Nutrition journal*, 2(1):1-5, Dec. 2003.
- Ono et al., "Bofutsushosan, a Japanese herbal (Kampo) medicine, attenuates progression of nonalcoholic steatohepatitis in mice" *Journal of Gastroenterology*, Jun. 2014, 49(6):1065-73.
- Oshima et al., "Adiponectin increases bone mass by suppressing osteoclast and activating osteoblast" *Biochem. And Biophys. Res. Comm.*, 331:520-526, 2005.
- Ota et al., "Insulin Resistance Accelerates a Dietary Rat Model of Nonalcoholic Steatohepatitis" *Gastroenterology*, Jan. 2007, 132(1):282-93.
- Park et al., "Adiponectin as an Anti-fibrotic and Anti-inflammatory Adipokine in the Liver" *Curr Pathobiol Rep.*, Dec. 2015, 3(4):243-252.
- Park et al., "Circulating Irisin in Relation to Insulin Resistance and the Metabolic Syndrome" *J Clin Endocrinol Metab*, Dec. 2013, 98(12):4899-907.
- Park, "Current status of liver disease in Korea: Nonalcoholic fatty liver disease" *Korean J. Hepatol.*, 2009, 15(Suppl 6):S34-S39.
- Paruthi et al., "Adipokines in the HIV/HAART-associated lipodystrophy syndrome" *Metabolism Clinic and Experimental*, Sep. 2013, 62(9):1199-1205.
- Pavo et al., "Effect of pioglitazone compared with metformin on glycemic control and indicators of insulin sensitivity in recently diagnosed patients with type 2 diabetes" *The Journal of Clinical Endocrinology & Metabolism*, 88(4):1637-1645, Apr. 1, 2003.
- Pawella et al., "Perilipin discerner chronic from acute hepatocellular steatosis" *Journal of Hepatology*, Mar. 2014, 60(3):633-642.
- Pawlak et al., "Molecular mechanism of PPAR α action and its impact on lipid metabolism, inflammation and fibrosis in non-alcoholic fatty liver disease" *Journal of Hepatology*, Mar. 2015, 62(3):720-733.
- Pawlak et al., "The Transrepressive Activity of Peroxisome Proliferator-Activated Receptor Alpha Is Necessary and Sufficient to Prevent Liver Fibrosis in Mice" *Hepatology*, Nov. 2014, 60(5):1593-606.
- Pazaitou-Panayiotou et al., "Serum Adiponectin And Insulin-Like Growth Factor 1 In Predominantly Female Patients With Thyroid Cancer: Association With The Histologic Characteristics Of The Tumor" *EndocrPract.*, Jan. 2016, 22(1):68-75.
- Pederson et al., "Improved Glucose Tolerance in Zucker Fatty Rats by Oral Administration of the Dipeptidyl Peptidase IV Inhibitor Isoleucine Thiiazolidide" *Diabetes*, Aug. 1998, 47(8):1253-1258.
- Pei et al., "Discovery of ((4R,5S)-5-amino-4-(2,4,5-trifluorophenyl)cyclohex-1-enyl)-(3-(trifluoromethyl)-5,6-dihydro-[1,2,4]triazolo[4,3-a]pyrazin-7(8H)-yl)methanone (ABT-341), a highly potent, selective, orally efficacious, and safe dipeptidyl peptidase IV inhibitor for the treatment of type 2 diabetes" *J. Med. Chem.*, Nov. 2006, 49(22):6439-6442.
- Perez et al., "Bile-acid-induced cell injury and protection," *World J Gastroenterol.*, Apr. 2009, 15(14):1677-1689.
- Perg et al., "A prospective study of maternal prenatal weight and offspring cardiometabolic health in midchildhood" *Annals of Epidemiology* Nov. 2014, 24(11):793-800.
- Perrotta et al., "Pulmonary hypertension and obesity: focus on adiponectin" *International journal of molecular sciences*, 20(4):912, 13 pages, Jan. 2019.
- Pershadisingh et al., "Effect of pioglitazone treatment in a patient with secondary multiple sclerosis" *Journal of Neuroinflammation*, Dec. 2004, 1:3, 4 pages.
- Perumpail et al., "Clinical epidemiology and disease burden of nonalcoholic fatty liver disease." *World J Gastroenterology*, Dec. 2017, 23(47):8263-8438.
- Petridou et al., "Adiponectin in relation to childhood myeloblastic leukaemia" *British Journal of Cancer*, Jan. 2006, 94(1):156-160.
- Petridou et al., "Circulating Adiponectin Levels and Expression of Adiponectin Receptors in Relation to Lung Cancer: Two Case-Control Studies" *Oncology*, 2007, 73(3-4):261-269.
- Petridou et al., "Growth velocity during the first postnatal week of life is not related to adiponectin or leptin" *Paediatric and Perinatal Epidemiology*, Sep. 2004, 18(5):395.
- Petridou et al., "Insulin resistance: an independent risk factor for lung cancer?" *Metabolism Clinic and Experimental*, Aug. 2011, 60(8):1100-1106.
- Petridou et al., "Neonatal leptin levels are strongly associated with female gender, birth length, IGF-I levels and formula feeding" *Clinical Endocrinology*, Mar. 2005, 62(3):366-371.
- Petridou et al., "Plasma Adiponectin Concentrations in Relation to Endometrial Cancer: A Case-Control Study in Greece" *J. Clin. Endocrinol Metab*, Mar. 2003, 88(3):993-997.
- Petridou et al., "Serum Adiponectin As a Predictor of Childhood Non-Hodgkin's Lymphoma: A Nationwide Case-Control Study" *J Clin Oncol*, Oct. 2009, 27(30):5049-5055.
- Petzold, "Neurofilament phosphoforms: surrogate markers for axonal injury, degeneration and loss" *Journal of the neurological sciences*, 233(1-2): 35 pages, Jun. 15, 2005.

(56)

References Cited

OTHER PUBLICATIONS

- Phan et al., "Adipose tissue dysfunction tracks disease progression in two Huntington's disease mouse models" *Human molecular genetics*, Mar. 15, 2009, 18(6):1006-1016.
- Piguat et al., "Hypoxia aggravates non-alcoholic steatohepatitis in mice lacking hepatocellular PTEN" *Clinical Science*, Mar. 2010, 118(6):401-410.
- Polyzos et al., "Activin A and follistatin in patients with nonalcoholic fatty liver disease" *Metabolism*, Oct. 2016, 65:1550-1558.
- Polyzos et al., "Adipocytokines and cytokeratin-18 in patients with nonalcoholic fatty liver disease: Introduction of CHA index" *Sep. 2013*, 15;12(5):749-57.
- Polyzos et al., "Adipokines in nonalcoholic fatty liver disease" *Metabolism*, Aug. 2016, 65:1062-1079.
- Polyzos et al., "Adiponectin as a potential therapeutic agent for nonalcoholic steatohepatitis" *Hepatology Research*, 2010, 40:446-447.
- Polyzos et al., "Adiponectin as a target for the treatment of nonalcoholic steatohepatitis with thiazolidinediones: A systematic review" *Metabolism*, Sep. 2016, 65:1297-1306.
- Polyzos et al., "Adiponectin in non-alcoholic fatty liver disease treatment: therapeutic perspectives and unresolved dilemmas" *Int J Clin Pract*, Feb. 2011, 3(65):372-374.
- Polyzos et al., "Adipose tissue, obesity and non-alcoholic fatty liver disease" *Minerva Endocrinologica*, Jun. 2017, 42(2):92-108.
- Polyzos et al., "Circulating leptin in non-alcoholic fatty liver disease: a systematic review and meta-analysis" *Diabetologia*, 2016, 59:30-43.
- Polyzos et al., "Irisin in patients with nonalcoholic fatty liver disease" *Metabolism*, Feb. 2014, 63:207-217.
- Polyzos et al., "Leptin in nonalcoholic fatty liver disease: A narrative review" *Metabolism*, Jan. 2015, 64:60-78.
- Polyzos et al., "Necessity for timely noninvasive diagnosis of nonalcoholic fatty liver disease" *Metabolism*, Feb. 2014, 63(2):161-167.
- Polyzos et al., "Nonalcoholic Fatty Liver Disease: The Pathogenetic Roles of Insulin Resistance and Adipocytokines" *Current Molecular Medicine*, Apr. 2009, 9(3):299-314.
- Polyzos et al., "Nonalcoholic fatty liver disease: Updates on associations with the metabolic syndrome and lipid profile and effects of treatment with PPAR- γ agonists" *Metabolism*, Jan. 2017, 66:64-68.
- Polyzos et al., "Nonlinear Distribution of Adiponectin in Patients With Nonalcoholic Fatty Liver Disease Limits Its Use in Linear Regression Analysis" *Journal of clinical gastroenterology*, Mar. 2010, 44(3):229-30.
- Polyzos et al., "Serum total adiponectin in nonalcoholic fatty liver disease: a systematic review and meta-analysis" *Metabolism*, Mar. 2011, 60(3):313-326.
- Polyzos et al., "The multi-hit process and the antagonistic roles of tumor necrosis factor-alpha and adiponectin in non-alcoholic fatty liver disease" *Hippokratia*, Apr. 2009, 13(2):127.
- Polyzos et al., "The role of adiponectin in the pathogenesis and treatment of non-alcoholic fatty liver disease" *Diabetes, Obesity and Metabolism*, May 2010, 12(5):365-383.
- Polyzos, "Adiponectin in Health and Disease: Current Evidence and Therapeutic Perspectives" *Current Medicinal Chemistry*, 2012, 19(32):5425.
- Portincasa et al., "Current Pharmacological Treatment of Nonalcoholic Fatty Liver" *Current Medicinal Chemistry*, Oct. 2006, 13:2889-2900.
- Poste et al., "Lipid Vesicles as Carriers for Introducing Biologically Active Materials into Cells" Prescott, Ed., *Methods in Cell Biology*, vol. XIV, Academic Press, New York, N.Y., 1976, Chapter 4, p. 33.
- Powell et al., "LX2761, a Sodium/Glucose Cotransporter 1 Inhibitor Restricted to the Intestine, Improves Glycemic Control in Mice" *J Pharmacol Exp Ther.*, Jul. 2017, 362(1):85-97.
- Prat et al., "The effect of antidiabetic medications on non-alcoholic fatty liver disease (NAFLD)" *Hormones*, 17(2):219-229, Jun. 2018. PUBCHEM. CID 162584226, "Benzenesulfonamide, 2,4-dichloro-N-(3,5-dichloro-4-(3-quinolinyl)oxy)phenyl" Oct. 25, 2006 [retrieved on Mar. 22, 2021], retrieved from the Internet. <URL: <https://pubchem.ncbi.nlm.nih.gov/compound/10229498>>, 23 pages.
- Pulley, "CCR5 antagonists: from discovery to clinical efficacy" *Chemokine Biology—Basic Research and Clinical Application*, 2007 vol. II, 145-163, 2007.
- Qi et al., "Adiponectin Genetic Variability, Plasma Adiponectin, and Cardiovascular Risk in Patients With Type 2 Diabetes" *Diabetes*, May 2006, 55(5):1512-1516.
- Qi et al., "Dietary Fibers and Glycemic Load, Obesity, and Plasma Adiponectin Levels in Women With Type 2 Diabetes" *Diabetes Care*, Jul. 2006, 29(7):1501-1505.
- Racke et al., "PPARs in Neuroinflammation" *PPAR Research*, 2008, vol. 2008, Article ID 638356, Hindawi Publishing Corporation.
- Raji et al., "Insulin Resistance and Vascular Dysfunction in Nondiabetic Asian Indians" *J Clin Endocrinol Metab*, Aug. 2004, 89(8):3965-3972.
- Rashid et al., "Inhaled sildenafil as an alternative to oral sildenafil in the treatment of pulmonary arterial hypertension (PAH)" *Journal of Controlled Release*, 250: 23 pages, Mar. 28, 2017.
- Rashid et al., "Repurposing rosiglitazone, a PPAR- γ agonist and oral antidiabetic, as an inhaled formulation, for the treatment of PAH" *Journal of Controlled Release*, 280: 18 pages, Jun. 2018.
- Raskin et al., "Rosiglitazone short-term monotherapy lowers fasting and post-prandial glucose in patients with type n diabetes" *Diabetologia*, 43(3):278-284, Mar. 2000.
- Ratziu et al., "Elafibranor, an Agonist of the Peroxisome Proliferator-Activated Receptor- α and - δ , Induces Resolution of Nonalcoholic Steatohepatitis Without Fibrosis Worsening" *Gastroenterology*, May 2016, 150(5):1147-59.
- Ratziu et al., "Nonalcoholic steatohepatitis" *Ann. Endocrinol.*, 2005, 66(2 Pt2): 1S71-1S80.
- Ray et al., "Human multiple myeloma cells express peroxisome proliferator-activated receptor γ and undergo apoptosis upon exposure to PPAR γ ligands. *Clinical Immunology*" Nov. 1, 2004, 113(2):203-213.
- Reddy et al., "Clinical and genetic predictors of weight gain in patients diagnosed with breast cancer" *Br. J. Cancer*, Aug. 2013, 109:872-81.
- Reeder et al., "Quantitative assessment of liver fat with magnetic resonance imaging and spectroscopy" *J Magn Reson Imaging.*, Oct. 2011, 34(4):729-749.
- Remingtons Pharmaceutical Sciences, 18th Ed., Mack Publishing, Easton PA, 1990, *Molecular Structure, Properties and States of Matter* 26 pages.
- Remington's *The Science and Practice of Pharmacy*, 21st Ed, 2005, Table of Contents, 4 pages.
- Ricote et al., "The peroxisome proliferator-activated receptor-gamma is a negative regulator of macrophage activation." *Nature*, Jan. 1998, 391(6662):79-82.
- Rivera et al., "Toll-Like receptor-2 deficiency enhances non-alcoholic steatohepatitis" *BMC Gastroenterol.*, Dec. 2010, 10(1):52.
- Ronis et al., "Global Deletion of Glutathione S-Transferase A4 Exacerbates Developmental Nonalcoholic Steatohepatitis" *The American Journal of Pathology*, Feb. 2017, 187(2):418-430.
- Ronis et al., "Medium chain triglycerides dose-dependently prevent liver pathology in a rat model of non-alcoholic fatty liver disease" *Exper.Biol. Med.*, Feb. 2013, 238:151-62.
- Rosenstock et al., "Effects of dapagliflozin, an SGLT2 inhibitor, on HbA1c, body weight, and hypoglycemia risk in patients with type 2 diabetes inadequately controlled on pioglitazone monotherapy" *Diabetes care*, 35(7):1473-1478, Jul. 1, 2012.
- Rosenstock et al., "Efficacy and Safety of the Dipeptidyl Peptidase-4 Inhibitor Sitagliptin Added to Ongoing Pioglitazone Therapy in Patients with Type 2 Diabetes: A 24-Week, Multicenter, Randomized, Double-Blind, Placebo-Controlled, Parallel-Group Study" *Clinical Therapeutics*, Oct. 2006, 28(10): 1556-68.
- Rossi et al., "Neuroinflammation drives anxiety and depression in relapsing-remitting multiple sclerosis", *Neurology*, Sep. 2007, 89(13):1338-47.
- Roth et al., "Combined obeticholic acid and elafibranor treatment promotes additive liver histological improvements in a diet-induced ob/ob mouse model of biopsy-confirmed NASH" *Scientific reports*, 9(1):1-3, Jun. 21, 2019.

(56)

References Cited

OTHER PUBLICATIONS

- Roth et al., "Vitamin D Deficiency in Obese Rats Exacerbates Nonalcoholic Fatty Liver Disease and Increases Hepatic Resistin and Toll-Like Receptor Activation" *Hepatology*, Apr. 2012, 55(4):1103-11.
- Ruschke et al., "Gene expression of PPAR γ and PGC-1 α in human omental and subcutaneous adipose tissues is related to insulin resistance markers and mediates beneficial effects of physical training" *Eur. J. Endocrinol.*, 2010, 162:515-23.
- Rusli et al., "Fibroblast growth factor 21 reflects liver fat accumulation and dysregulation of signalling pathways in the liver of C57BL/6J mice" *Sci. Rep.*, Jul. 2016, 6:30484, 16 pages.
- Saeed et al., "Disturbed vitamin A metabolism in non-alcoholic fatty liver disease (NAFLD)" *Nutrients*, 10(1):29, 25 pages, Jan. 2018.
- Sahebkar et al., "New peroxisome proliferator-activated receptor agonists: potential treatments for atherogenic dyslipidemia and non-alcoholic fatty liver disease" *Expert Opin Pharmacother*, Mar. 14, 15(4):493-503.
- Sahebkar et al., "Role of selective peroxisome proliferator-activated receptor modulators in managing cardiometabolic disease: tale of a roller-coaster" *Diabetes, Obesity and Metabolism*, 16(9):780-792, Sep. 2014.
- Sahin-Efe et al., "Advances in adipokines" *Metabolism*, Dec. 2012, 61(12): 1659-1665.
- Sai et al., "Systematic design of trypsin cleavage site mutated exendin4-cysteine 1, an orally bioavailable glucagon-like peptide-1 receptor agonist" *International journal of molecular sciences*, 18(3):578, Mar. 2017.
- Sakauchi et al., "Pleiotropic properties of ASK1. *Biochimica et Biophysica Acta (BBA)-General Subjects*" 1861(1):3030-3038, Jan. 1, 2017.
- Sanyal et al., "LB-23 Tropifexor (TXR), an FXR Agonist for the Treatment of Nash—Interim Results from First Two Parts of Phase 2b Study Flight-FXR" *Hepatology*, 68(1): 2 pages Oct. 1, 2018.
- Sanyal et al., "Pioglitazone, Vitamin E, or Placebo for Nonalcoholic Steatohepatitis" *The New England Journal of Medicine*, May 2010, 362(18):1675-1685.
- Sarafidis et al., "Protection of the kidney by thiazolidinediones: An assessment from bench to bedside" *Kidney International*, Oct. 2006, 70(7):1223-1233.
- Satapathy et al., "Epidemiology and Natural History of Nonalcoholic Fatty Liver Disease." *Semin Liver Dis.*, Aug. 2015, 35(3):221-235.
- Sato et al., "Vitamin E has a beneficial effect on nonalcoholic fatty liver disease: a meta-analysis of randomized controlled trials" *Nutrition*, 31(7-8): 22 pages, Jul. 1, 2015.
- Scheen, "Cardiovascular Effects of New Oral Glucose-Lowering Agents" *Circ Res*, May 2018, 122(10):1439-1459.
- Scheer et al., "Day/night variations of high-molecular-weight adiponectin and lipocalin-2 in healthy men studied underfed and fasted conditions" *Diabetologia*, Nov. 2010, 53(11):2401-5.
- Schmidt et al., "Anti-inflammatory and antiproliferative actions of PPAR- γ agonists on T lymphocytes derived from MS patients" *Journal of Leukocyte Biology*, Mar. 2004, 75(3):478-85.
- Schreuder et al., "The hepatic response to FGF19 is impaired in patients with nonalcoholic fatty liver disease and insulin resistance." *Gastrointest., Physiol.*, Mar. 2010, 298(3):G440-445.
- Schultz et al., "Hepatic Adverse Effects of Fructose Consumption Independent of Overweight/Obesity" *Int. J. Mol. Sci.*, Nov. 2013, 14:21873-86.
- Scorletti et al., "Omega-3 Fatty Acids, Hepatic Lipid Metabolism, and Nonalcoholic Fatty Liver Disease" *Ann. Rev. Nutr.*, Jul. 2013, 33:231-248.
- SealRocktx.com [Online], "Seal Rock Therapeutics Advancing Differentiated ASK1 Inhibitor Lead Candidate SRT-015 in Nonalcoholic Steatohepatitis (NASH)" retrieved from the internet URL <<https://www.prnewswire.com/news-releases/seal-rock-therapeutics-advancing-differentiated-ask1-inhibitor-lead-candidate-srt-015-in-non-alcoholic-steatohepatitis-nash-300747392.html>>, 4 pages.
- Sebokova et al., "Dipeptidyl Peptidase IV Inhibitors: The Next Generation of New Promising Therapies for the Management of Type 2 Diabetes" *Current Topics in Medicinal Chemistry*, Mar. 2007, 7(6):547-555.
- Seidah et al., "The secretory proprotein convertase neural apoptosis-regulated convertase 1 (NARC-1): Liver regeneration and neuronal differentiation" *Proc. Nat. Acad. Sci. USA*, Feb. 2003, 100(3):928-33.
- Serviddio et al., "Free radical biology for medicine: learning from nonalcoholic fatty liver disease" *Free Radical Biology and Medicine*, Dec. 2013, 65:952-968.
- Seth et al., "Environmental Toxin-Linked Nonalcoholic Steatohepatitis and Hepatic Metabolic Reprogramming in Obese Mice" *Toxicological Sci.*, Aug. 2013, 134(2):291-303.
- Shah et al., "MicroRNAs in Liver Disease: Bench to Bedside" *Journal of Clinical and Experimental Hepatology*, Sep. 2013, 3(3):231-242.
- Shalini et al., "Old, new and emerging functions of caspases" *Cell Death Differ.*, Apr. 2015, 22(4):526-539.
- Shapiro and Brack, "Therapeutic potential of curcumin in non-alcoholic steatohepatitis" *Nutr. Res. Rev.*, Dec. 2005, 18(2):212-21.
- Sharma et al., "The Riddle of Nonalcoholic Fatty Liver Disease: Progression From Nonalcoholic Fatty Liver to Nonalcoholic Steatohepatitis" *Journal of Clinical and Experimental Hepatology*, Jun. 2015, 5(2):147-158.
- Shea et al., "Independent Circadian and Sleep/Wake Regulation of Adipokines and Glucose in Humans" *J. Clin. Endocrinol. Metab.*, May 2005, 90(5):2537-44.
- Sher et al., "Relationship Between Serum Adiponectin and Prostate Cancer Grade" *The Prostate*, Oct. 2008, 68(14):1592-8.
- Shetty et al., "Circulating Adiponectin and Resistin Levels in Relation to Metabolic Factors, Inflammatory Markers, and Vascular Reactivity in Diabetic Patients and Subjects at Risk for Diabetes" *Diabetes Care*, Oct. 2004, 27(10):2450-7.
- Shi et al., "Effects of apigenin on protein expressions of PPARs in liver tissues of rats with nonalcoholic steatohepatitis" *Clin. J. Hepatol.*, Feb. 2015, 23(2):124-9.
- Shi, "Caspase Activation: Revisiting the Induced Proximity Model" *Cell*, Jun. 2004, 117(7):855-858.
- Shieh et al., "Increase of hepatic fat accumulation by liver specific expression of Hepatitis B virus X protein in zebrafish" *Biochimica et Biophysica Acta*, Jul. 2010, 1801(7):721-730.
- Shih et al., "Synergistic Effect of Cyanidin and PPAR Agonist against Nonalcoholic Steatohepatitis-Mediated Oxidative Stress-Induced Cytotoxicity through MAPK and Nrf2 Transduction Pathways" *J. Agric. Food Chem.*, Mar. 2012, 60(11):2924-33.
- Shinoda et al., "Regulation of bone formation by adiponectin through autocrine/paracrine and endocrine pathways" *Journal of Cellular Biochemistry*, Sep. 2006, 99(1):196-208.
- Shiri-Sverdllov et al., "Early diet-induced non-alcoholic steatohepatitis in APOE2 knock-in mice and its prevention by fibrates" *Journal of Hepatology*, Apr. 2006, 44:732-741.
- Siuly et al., "Medical big data: neurological diseases diagnosis through medical data analysis" *Data Science and Engineering*, Jun. 1, 2016, 1(2):54-64.
- Sleilati et al., "Efficacy and safety of pioglitazone in treatment of a patient with an atypical partial lipodystrophy syndrome." *Pioglitazone and Lipodystrophy*, *Endocr Pract.*, Oct. 2007, 13(6):656-61.
- Smith et al., "Clinical worsening in multiple sclerosis is associated with increased frequency and area of gadopentetate dimeglumine-enhancing magnetic resonance imaging lesions" *Ann Neurol*, May 1993, 33(5):480-9.
- Sohn et al., "Lactobacillus paracasei Induces M2-Dominant Kupffer Cell Polarization in a Mouse Model of Nonalcoholic Steatohepatitis" *Dis. Dis. Sci.*, Nov. 2015, 60:3340-50.
- Sorrentino et al., "A clinical-morphological study on cholestatic presentation of nonalcoholic fatty liver disease." *Dig Dis Sci.*, Jun. 2005, 50(6):1130-1135.
- Souza-Mello, "Peroxisome proliferator-activated receptors as targets to treat non-alcoholic fatty liver disease" *World J Hepatol.*, May 2015, 7(8):1012-1019.

(56)

References Cited

OTHER PUBLICATIONS

- Spatola et al., "SGLT1 and SGLT1 inhibitors: a role to be assessed in the current clinical practice" *Diabetes Therapy*, 9(1):427-430, Feb. 2018.
- Spyridopoulos et al., "Low adiponectin levels are associated with renal cell carcinoma: A case-control study" *Int. J. Cancer*, Apr. 2007, 120(7):1573-8.
- Staels et al., "Hepatoprotective Effects of the Dual Peroxisome Proliferator-Activated Receptor Alpha/Delta Agonist, GFT505, in Rodent Models of Nonalcoholic Fatty Liver Disease/Nonalcoholic Steatohepatitis" *Hepatology*, Dec. 2013, 58:1941-52.
- Stefano et al., "Nonalcoholic Steatohepatitis (NASH) in OB/OB Mice Treated with Yo Jyo Hen Shi Ko (YHK): Effects on Peroxisome Proliferator-Activated Receptors (PPARs) and Microsomal Triglyceride Transfer Protein (MTP)" *Dig. Dis. Sci.*, Dec. 2007, 52(12):3448-54.
- Steinman et al., "Piet Mondrian's trees and the evolution in understanding multiple sclerosis, Charcot Prize Lecture 2011" *Jan. 2013, Multiple Sclerosis Journal*, 19(1):5-14.
- Steinman et al., "Virtues and pitfalls of EAE for the development of therapies for multiple sclerosis" *Trends in Immunology*, Nov. 2005, 26(11):565-71.
- Stephen et al., "Nonalcoholic Fatty Liver Disease and Bariatric Surgery" *Expert Rev Gastroenterol Hepatol*, Apr. 2012, 5(2):163-171.
- Storer et al., "Peroxisome proliferator-activated receptor-gamma agonists inhibit the activation of microglia and astrocytes: Implications for multiple sclerosis" *Journal of Neuroimmunology*, Apr. 2005, 161(1-2):113-22.
- Strum et al., "Rosiglitazone induces mitochondrial biogenesis in mouse brain" *Jan. 2007, 11(1):45-51.*
- Struthers et al., "CCR2 antagonists" *Current topics in medicinal chemistry*, Sep. 1, 2010, 10(13):1278-1298.
- Stuebe et al., "Duration of Lactation and Maternal Adipokines at 3 Years Postpartum" *Diabetes*, Apr. 2011, 60:1277-85.
- Stuebe et al., "Gestational Glucose Tolerance and Maternal Metabolic Profile at 3 Years Postpartum" *Obstetrics & Gynecology*, Nov. 2011, 118(5):1065-1073.
- Su et al., "A novel therapy for colitis utilizing PPARgamma ligands to inhibit the epithelial inflammatory response" *The Journal of Clinical Investigation*, Aug. 1999, 104(4):383-9.
- Sumida et al., "Current and future pharmacological therapies for NAFLD/NAS" *Journal of gastroenterology*, 53(3): 15 pages, Mar. 2018.
- Sun et al., "Leptin and Soluble Leptin Receptor Levels in Plasma and Risk of Type 2 Diabetes in U.S. Women" *Diabetes*, Mar. 2010, 59(3):611-8.
- Svegliati-Baroni et al., "A Model of Insulin Resistance and Non-alcoholic Steatohepatitis in Rats" *The American Journal of Pathology*, Sep. 2006, 169(3):846-860.
- Svegliati-Baroni et al., "Glucagon-like peptide-1 receptor activation stimulates hepatic lipid oxidation and restores hepatic signalling alteration induced by a high-fat diet in nonalcoholic steatohepatitis" *Liver Internat.*, Oct. 2011, 31(9):1285-97.
- Sweeney et al., "The role of adipokines in relation to HIV lipodystrophy" *AIDS*, May 2007, 21:895-904.
- Tacke, "Cenicriviroc for the treatment of non-alcoholic steatohepatitis and liver fibrosis." *Expert Opin Investig Drugs*, Mar. 2018, 27(3):301-311.
- Tahan et al., "Rosiglitazone Attenuates Liver Inflammation in a Rat Model of Nonalcoholic Steatohepatitis" *Dig. Dis. Sci.*, Apr. 2007, 52:3465-72.
- Takahashi et al., "Inhibitory Effects of Japanese Herbal Medicines Sho-saiko-to and Juzen-taiho-to on Nonalcoholic Steatohepatitis in Mice" *PLoS One*, Jan. 2014, 9(1):e87279.
- Tanaka and Aoyama, "PPAR and NASH" *Japanese Journal of Clinical Medicine*, 2006, 64(6):1089-94, English abstract.
- Tanaka et al., "Dysregulated expression of fatty acid oxidation enzymes and iron-regulatory genes in livers of Nrf2-null mice" *J. Gastroenterol. Hepatol.*, Nov. 2012, 27(11):1711-7.
- Tanaka et al., "Role of fibroblast growth factor 21 in the early stage of NASH induced by methionine-and choline-deficient diet" *Biochimica et Biophysica Acta*, Jul. 2015, 1852(7):1242-1252.
- Tanaka, et al., "Role of PPARs in the pathophysiology of nonalcoholic fatty liver disease" *Japanese Journal of Clinical Medicine*, Apr. 2005, 63(4):700-706, English abstract.
- Tang et al., "Curcumin Eliminates Leptin's Effects on Hepatic Stellate Cell Activation via Interrupting Leptin Signaling" *Endocrinology*, Jul. 2009, 150(7):3011-20.
- Tarantino et al., "Pathogenesis of hepatic steatosis: the link between hypercortisolism and nonalcoholic fatty liver disease." *W. J. Gastroenterol.*, Oct. 2013, 19(40):6735-6743.
- Taygerly et al., "Discovery of INT131: A selective PPAR-gamma modulator that enhances insulin sensitivity" *Bioorg Med Chem*, Feb. 2013, 21(4):979-992.
- Taylor et al., "Health Impact Analysis of Cisplatin, Carboplatin and Oxaliplatin: Quantifying the health impact of platinum compounds" *Johnson Matthey Technology Review*, Jan. 2017, retrieved from URL <www.technology.matthey.com/article/61/1/32-39/>, 32-39.
- Tella et al., "Prevention and treatment of postmenopausal osteoporosis" *The Journal of steroid biochemistry and molecular biology*, Jul. 1, 2014, 142:155-170.
- Teoh et al., "Short-Term Therapy with Peroxisome Proliferation-Activator Receptor-Agonist Wy-14,643 Protects Murine Fatty Liver Against Ischemia-Reperfusion Injury" *Hepatology*, Mar. 2010, 51(3):996-1006.
- Terao et al., "Design and biological evaluation of imidazo [1, 2-a] pyridines as novel and potent ASK1 inhibitors" *Bioorganic & medicinal chemistry letters*, 22(24):7326-7329, Dec. 15, 2012.
- The United States Pharmacopeia, 23rd Ed., 1995, pp. 1843-1844.
- Thorkildsen et al., "Glucagon-like peptide 1 receptor agonist ZP10A increases insulin mRNA expression and prevents diabetic progression in db/db mice." *J. Pharmacol Exp Ther.*, Nov. 2003, 307(2):490-496.
- Tilg et al., "Evolving therapies for non-alcoholic steatohepatitis" *Expert Opin. Drug Discov.*, Apr. 2014, 9(6):687-696.
- Tolbol et al., "Metabolic and hepatic effects of liraglutide, obeticholic acid and elafibranor in diet-induced obese mouse models of biopsy-confirmed nonalcoholic steatohepatitis" *World Journal of Gastroenterology*, 24(2): 17 pages, Jan. 14, 2018.
- Tomita et al., "Free Cholesterol Accumulation in Hepatic Stellate Cells: Mechanism of Liver Fibrosis Aggravation in Nonalcoholic Steatohepatitis in Mice" *Hepatology*, Jan. 2014, 59(1):154-69.
- Tomita et al., "Hepatic AdipoR2 Signaling Plays a Protective Role Against Progression of Nonalcoholic Steatohepatitis in Mice" *Hepatology*, Aug. 2008, 48(2):458-73.
- Tong, "Acetyl-coenzyme A carboxylase: crucial metabolic enzyme and attractive target for drug discovery." *Cell. Molec. Life Sci.*, Aug. 2005, 62(16):1784-1803.
- Tourdias et al., "Neuroinflammatory imaging biomarkers: relevance to multiple sclerosis and its therapy" *Neurotherapeutics*, Jan. 2013, 10(1):111-123.
- Tsioudras and Mantzoros, "Leptin and Adiponectin in the HIV Associated Metabolic Syndrome: Physiologic and Therapeutic Implications" *Am. J. Infectious Dis.*, 2006, 2(3):141-52.
- Tsioudras, et al., "The HIV-1/HAART associated metabolic syndrome—Novel adipokines, molecular associations and therapeutic implications" *Journal of Infection*, Aug. 2010, 61(2):101-113.
- Tsukamoto et al., "Fat paradox of steatohepatitis" *J. Gastroenterol. Hepatol.*, Mar. 2008, 23(Suppl. 1):S104-7.
- Turton et al., "A role for glucagon-like peptide-I in the central regulation of feeding." *Nature*, Jan. 1996, 379(6560):69-72.
- Tushuizen et al. "Incretin mimetics as a novel therapeutic option for hepatic steatosis". *Liver Int.*, Oct. 2006, 26(8):1015-1017.
- Twohoger et al., "Plasma Adiponectin Concentrations and Risk of Incident Breast Cancer" *J Clin Endocrinol Metab*, Apr. 2007, 92(4):1510-1516.
- Twohoger et al., "Relationship of Plasma Adiponectin With Sex Hormone and Insulin-like Growth Factor Levels" *Obesity*, Sep. 2007, 15(9):2217-2224.
- Tziomalos et al., "Nonalcoholic fatty liver disease and stains" *Metabolism*, Oct. 2015, 64(10):1215-1223.

(56)

References Cited

OTHER PUBLICATIONS

- Uno et al., "Tranilast, an Antifibrogenic Agent, Ameliorates a Dietary Rat Model of Nonalcoholic Steatohepatitis" *Hepatology*, Jul. 2008, 48(1):109-18.
- USP.org [online], "711 Dissolution" Dec. 1, 2011, retrieved Sep. 30, 2021, retrieved from URL <https://www.usp.org/sites/default/files/usp/document/harmonization/gen-method/stage_6_monograph_Feb_25_2011.pdf>, 8 pages.
- Uto, et al., "The peroxisome proliferator-activated receptor-gamma agonist, pioglitazone, inhibits fat accumulation and fibrosis in the livers of rats fed a choline-deficient, L-amino acid-defined diet" *Hepatology Research*, Aug. 2005, 32:235-242.
- Vaddi, "TNF Signaling Pathway Inhibitors For Inflammation-CCR2 Antagonists" *Target Validation in Drug Discovery*, Jan. 1, 2007, Academic Press, 223-240.
- Vamvini et al., "Differential Effects of Oral and Intravenous Lipid Administration on Key Molecules Related to Energy Homeostasis" *J. Clin Endocrinol Metab*, May 2016, 101(5):1989-1997.
- Vamvini et al., "Irisin mRNA and circulating levels in relation to other myokines in healthy and morbidly obese humans" *European Journal of Endocrinology*, Dec. 2013, 169(6):829-834.
- Van Herck et al., "Animal Models of Nonalcoholic Fatty Liver Disease—A Starter's Guide" *Nutrients*, Oct. 2017, 9(10):1072, 13 pages.
- Van Raalte et al., "Peroxisome Proliferator-Activated Receptor (PPAR)- α : A Pharmacological Target with a Promising Future" *D.H., Pharm Res.*, Sep. 2004, 21(9):1531-1538.
- Vanni, et al., "From the metabolic syndrome to NAFLD or vice versa?" *Digestive and Liver Disease*, May 2010, 42:320-330.
- Varhaug et al., "Neurofilament light chain predicts disease activity in relapsing-remitting MS" *Neurology—Neuroimmunology Neuroinflammation*, Jan. 2018, 5(1): p. e422.
- Velayudham et al., "VSL#3 Probiotic Treatment Attenuates Fibrosis Without Changes in Steatohepatitis in a Diet-Induced Nonalcoholic Steatohepatitis Model in Mice" *Hepatology*, Mar. 2009, 49(3):989-97.
- Verdi et al., "Peroxisome Proliferator-Activated Receptor α L162 V Polymorphism in Nonalcoholic Steatohepatitis and Genotype 1 Hepatitis C Virus-Related Liver Steatosis" *Journal of investigative medicine*, Nov. 2005, 53(7):353-9.
- Vernon et al., "Systematic review: the epidemiology and natural history of non-alcoholic fatty liver disease and non-alcoholic steatohepatitis in adults" *Aliment Pharmacol Ther.*, Aug. 2011, 34(3):274-285.
- Villegas et al., "Rosiglitazone, an agonist of peroxisome proliferator-activated receptor gamma, protects against gastric ischemia-reperfusion damage in rats: role of oxygen free radicals generation" *European Journal of Pharmacology*, Nov. 2004, 505(1-3):195-203.
- Villhauer et al., "1-[[[3-Hydroxy-1-adamantyl]amino]acetyl]-2-cyano-(S)-pyrrolidine: A Potent, Selective, and Orally Bioavailable Dipeptidyl Peptidase IV Inhibitor with Antihyperglycemic Properties" *J Med Chem*, Jun. 2003, 46(13):2774-2789.
- Villhauer et al., "1-[2-[(5-Cyanopyridin-2-yl)amino]ethylamino]acetyl-2-(S)-pyrrolidinecarbonitrile: A Potent, Selective, and Orally Bioavailable Dipeptidyl Peptidase IV Inhibitor with Antihyperglycemic Properties" *J Med Chem*, Jun. 2002, 45(12):2362-2365.
- Von Tils et al., "Type II secretion in *Yersinia*—a secretion system for pathogenicity and environmental fitness" *Front. Cell Infect. Microbiol.*, Dec. 2012, 2(160):1-11.
- Wada et al., "Eplerenone ameliorates the phenotypes of metabolic syndrome with NASH in liver-specific SREBP-1c Tg mice fed high-fat and high-fructose diet." *Am. J. Physiol. Endocrinol. J. Phy.*, Dec. 2013, 305(11):E1415-E1425.
- Walker et al., "Subcutaneous Abdominal Adipose Tissue Subcompartments: Potential Role in Rosiglitazone Effects" *Obesity*, Sep. 2008, 16(9):1983-1991.
- Walter, et al., "Adiponectin reduces connective tissue growth factor in human hepatocytes which is already induced in non-fibrotic non-alcoholic steatohepatitis" *Experimental and Molecular Pathology*, Dec. 2011, 91:740-744.
- Wang et al., "Peroxisome proliferator-activated receptor gamma in malignant diseases" *Critical Reviews in Oncology/Hematology*, Apr. 2006, 58(1):1-14.
- Wang et al., "Stat3-Mediated Activation of MicroRNA-23a Suppresses Gluconeogenesis in Hepatocellular Carcinoma by Down-Regulating Glucose-6-Phosphatase and Peroxisome Proliferator-Activated Receptor gamma, Coactivator 1 Alpha" *Hepatology*, Jul. 2012, 56(1):186-97.
- Wang et al., "Targeting CASP8 and FADD-like apoptosis regulator ameliorates nonalcoholic steatohepatitis in mice and nonhuman primates" *Nat. Med.*, Apr. 2017, 23(4):439-449.
- Wang, et al., "Association between the Prol2A1a polymorphism of PPAR-gamma gene and the non-alcoholic fatty liver disease" *Gene*, Oct. 2013, 528:328-334.
- Wang, et al., "Molecular regulation of miRNAs and potential biomarkers in the progression of hepatic steatosis to NASH" *Biomark. Med.*, Nov. 2015, 9(11):1189-1200.
- Wang, et al., "Raspberry ketone protects rats fed high-fat diets against nonalcoholic steatohepatitis" *J. Med. Food.*, May 2012, 15(5):495-503.
- Watson et al., "Pulmonary hypertension: old targets revisited (statins, PPARs, beta-blockers)" *Pharmacotherapy of Pulmonary Hypertension*, 531-548, 2013.
- Weber, "Dipeptidyl peptidase IV inhibitors for the treatment of diabetes." *J. Med. Chem.*, Aug. 2004, 47:4135-4141.
- Wedick et al., "Effects of caffeinated and decaffeinated coffee on biological risk factors for type 2 diabetes: a randomized controlled trial" *Nutrition Journal*, Dec. 2011, 10(1):93, 9 pages.
- Wei et al., "Low Plasma Adiponectin Levels and Risk of Colorectal Cancer in Men: A Prospective Study" *J Natl Cancer Inst.*, Nov. 2005, 97(22):1688-1694.
- Werner, "Preclinical pharmacology of the new GLP-1 receptor agonist A VE0010." *Ann Endocrinol (Paris)*, 2008, 69(2):164-5.
- Williams et al., "Adiponectin receptor expression is elevated in colorectal carcinomas but not in gastrointestinal stromal tumors" *Endocrine-Related Cancer*, Mar. 2008, 15(1):289-99.
- Williams et al., "Coffee Consumption Is Associated With Higher Plasma Adiponectin Concentrations in Women With or Without Type 2 Diabetes" *Diabetes Care*, Mar. 2008, 31:504-507.
- Williams et al., "Sleep Duration and Snoring in Relation to Biomarkers of Cardiovascular Disease Risk Among Women With Type 2 Diabetes" *Diabetes Care*, May 2007, 30(5): 1233-1240.
- Wolfe et al., "Effect of dieting on plasma leptin, soluble leptin receptor, adiponectin and resistin levels in healthy volunteers" *Clinical Endocrinology*, Sep. 2004, 61(3):332-338.
- Wright, "Renal Na⁺-glucose cotransporters" *Am J Physiol Renal Physiol.*, Jan. 2001, 280:F10, 9 pages.
- Wu et al., "Dietary fucoxanthin increases metabolic rate and upregulated mRNA expressions of the PGC-1 α network, mitochondrial biogenesis and fusion genes in white adipose tissues of mice." *Afariane Drugs*, Feb. 2014, 12(2):964-982.
- Wu et al., "PPAR γ is essential for protection against nonalcoholic steatohepatitis" *Gene Therapy*, Jun. 2010, 17(6):790-798.
- Xia et al., "Characterization of long noncoding RNA transcriptome in highenergy diet induced nonalcoholic steatohepatitis minipigs" *Scientific Reports*, Jul. 2016. 6:30709, 11 pages.
- Xia et al., "Transcriptome Analysis on the Inflammatory Cell Infiltration of Nonalcoholic Steatohepatitis in Bama Minipigs Induced by a Long-Term High-Fat, High-Sucrose Diet" *PLoS ONE*, Nov. 2014, 9(11):e113724.
- Yaghoubi et al., "Comparison of fenofibrate and pioglitazone effects on patients with nonalcoholic fatty liver disease" *European journal of gastroenterology & hepatology*, 29(12): 4 pages, Dec. 1, 2017.
- Yakaryilmaz et al., "Effects of vitamin E treatment on peroxisome proliferator-activated receptor- α expression and insulin resistance in patients with non-alcoholic steatohepatitis: results of a pilot study" *Internal Medicine Journal*, Apr. 2007, 37(4):229-235.
- Yamada et al., "Characteristics of hepatic fatty acid compositions in patients with nonalcoholic steatohepatitis" *Liver International*, ISSN, 2014, 1478-3223.
- Yamada et al., "Suppressive Role of PPAR γ -Regulated Endothelial Nitric Oxide Synthase in Adipocyte Lipolysis" *PLoS ONE*, Aug. 2015, 10(8):e0136597, 15 pages.

(56)

References Cited

OTHER PUBLICATIONS

- Yamaguchi et al., "Blockade of interleukin-6 signaling enhances hepatic steatosis but improves liver injury in methionine choline-deficient diet-fed mice" *Laboratory Investigation*, Aug. 2010, 90(8):1169-1178.
- Yang et al., "Low vitamin D status is associated with advanced liver fibrosis in patients with nonalcoholic fatty liver disease" *Endocrine*, 55(2): 9 pages, Feb. 1, 2017.
- Yang et al., "Regulation of Immune Responses and Autoimmune Encephalomyelitis by PPARs" *PPAR Research*, 2010, vol. 2010, Article ID 104705, 11 pages.
- Yang et al., "Role of PPARgamma in renoprotection in Type 2 diabetes: molecular mechanisms and therapeutic potential" *Clinical Science*, Jan. 2009, 116(1):17-26.
- Yang et al., "The emerging role of adiponectin in cerebrovascular and neurodegenerative diseases" *Biochimica et Biophysica Acta*, Sep. 2015, 1852(9):1887-1894.
- Yannakoulia et al., "Body Fat Mass and Macronutrient Intake in Relation to Circulating Soluble Leptin Receptor, Free Leptin Index, Adiponectin, and Resistin Concentrations in Healthy Humans" *Clin Endocrinol Metab*, Apr. 2003, 88(4):1730-1736.
- Yannakoulia et al., "Dietary factors associated with plasma high molecular weight and total adiponectin levels in apparently healthy women" *European Journal of Endocrinology*, Oct. 2008, 159(4):R5-R10.
- Yannakoulia, et al., "A dietary pattern characterized by high consumption of whole-grain cereals and low-fat dairy products and low consumption of refined cereals is positively associated with plasma adiponectin levels in healthy women" *Metabolism Clinical and Experimental*, Jun. 2008, 57(6):824-830.
- Yew et al., "Selective peroxisome proliferator-activated receptor-gamma modulation to reduce cardiovascular risk in patients with insulin resistance" *Recent Pat on Cardiovasc Drug Discove*, Apr. 2012, 7(1):33-41.
- Yki-Jarvinen et al., "The fatty liver and insulin resistance" *Current molecular medicine*, May 2005, 5(3):287-95.
- Yoneda et al., "Life Style-Related Diseases of the Digestive System: Gene Expression in Nonalcoholic Steatohepatitis Patients and Treatment Strategies" *J Pharmacol Sci.*, Jan. 2007, 105(2):151-156.
- Yoneda et al., "PPAR gamma ligand pioglitazone as a therapeutic strategy in nonalcoholic steatohepatitis (NASH)" *Folia Pharmacol. Jpn.*, Oct. 2006; 128(4):235-238.
- Yuan et al., "Cardioprotective effects of peroxisome proliferator activated receptor gamma activators on acute myocarditis: anti-inflammatory actions associated with nuclear factor kappaB blockade" *Heat*, 91: 1203-1208, 2005.
- Zamanian et al., "Insulin resistance in pulmonary arterial hypertension" *European respiratory journal*, 33(2):318-324, Feb. 1, 2009.
- Zambon et al., "The role of fenofibrate in clinical practice" *Diabetes Vasc Dis Res.*, Sep. 2007, 4(suppl 3):S15-S20.
- Zhan et al., "Protective effect of probucol on liver injury induced by carbon tetrachloride in rats" *Hepatology international*, 5(4):899-905, Dec. 2011.
- Zhang et al., "Peroxisome proliferator-activated receptor (PPAR) alpha and -gamma regulate IFNgamma and IL-17A production by human T cells in a sex-specific way" *PNAS*, Jun. 2012, 109(24):9505-10.
- Zhang et al., "Selective Modulators of PPARy Activity: Molecular Aspects Related to Obesity and Side-Effects" *PPAR Research*, 2007, vol. 2007, 7 pages.
- Zhang, et al., "Association between resistin + 299A/A genotype and nonalcoholic fatty liver disease in Chinese patients with type 2 diabetes mellitus" *Gene*, Oct. 2013, 529:340-344.
- Zhang, et al., "PPARalpha/gamma and antagonists differently affect hepatic lipid metabolism, oxidative stress and inflammatory cytokine production in steatohepatic rats" *Cytokine*, Sep. 2015, 75:127-135.
- Zhao et al., "An experimental study on the reverse mechanism of PPAR-Y agonist rosiglitazone in rats with non-alcoholic steatohepatitis" *Chin. J. Hapatol.*, Jun. 2007, 15(6):450-455.
- Zhao et al., "Pioglitazone ameliorates nonalcoholic steatohepatitis by down-regulating hepatic nuclear factor-kappa B and cyclooxygenases-2 expression in rats" *Chin Med J.*, Jan. 2012, 125(13):2316-2321.
- Zheng et al., "Fish consumption and CHD mortality: an updated meta-analysis of seventeen cohort studies" *Public Health Nutr.* Apr. 2012, 15(4):725-737.
- Zheng, et al., "Exposure to ambient particulate matter induces a NASH-like phenotype and impairs hepatic glucose metabolism in an animal model" *Journal of Hepatology*, Jan. 2013, 58:148-154.
- Ziamajidi, et al., "Amelioration by chicory seed extract of diabetes- and oleic acid-induced non-alcoholic fatty liver disease (NAFLD)/non-alcoholic steatohepatitis (NASH) via modulation of PPARalpha and SREBP-1" *Food and Chemical Toxicology*, Aug. 2013, 58:198-209.
- Ziemke et al., "Adiponectin in insulin resistance: lessons from translational research" *Am J Clin Nutr.*, Jan. 2010, 91(suppl):258S-61S.
- Zou, et al., "High-fat emulsion-induced rat model of nonalcoholic steatohepatitis" *Life Sciences*, Aug. 2006, 79:1100-1107.

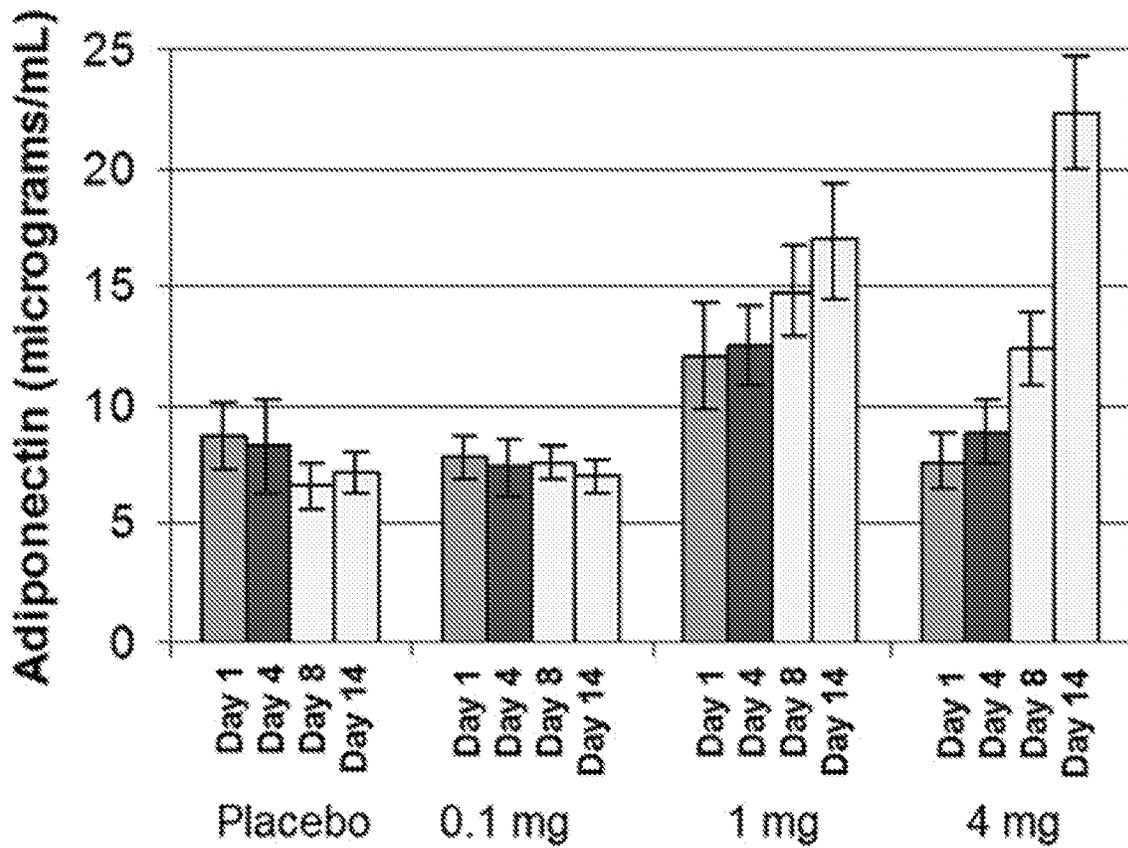
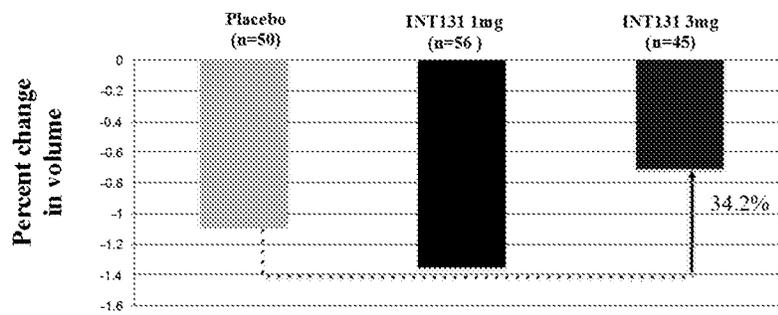


FIG. 1

Percent of cortical volume loss from baseline



Percent of brain volume loss from baseline

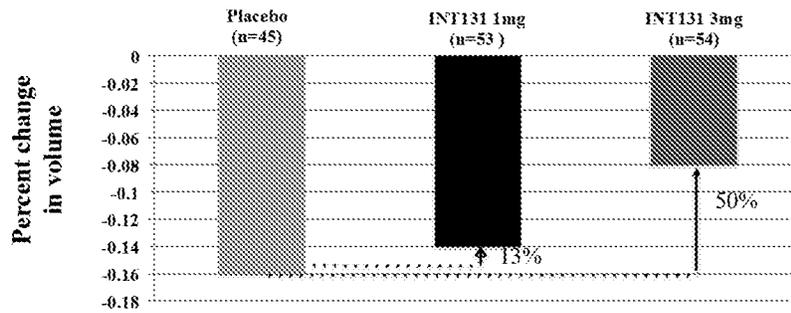


FIG. 2

PPAR γ AGONIST FOR TREATMENT OF PROGRESSIVE SUPRANUCLEAR PALSY

CROSS-REFERENCE TO RELATED APPLICATIONS

This application is a National Stage application under 35 U.S.C. § 371 of International Patent Application Serial No. PCT/US2018/025923, filed Apr. 3, 2018, which claims priority to U.S. Provisional Patent Application Ser. No. 62/480,838, filed Apr. 3, 2017, and U.S. Provisional Patent Application Ser. No. 62/651,653, filed Apr. 2, 2018; the entire contents of all of which are herein incorporated by reference.

FIELD OF THE INVENTION

The present invention relates to methods of treatment of progressive supranuclear palsy. The present invention also relates, at least in part, to methods using CHS-131 for the treatment of subjects having an elevated level of neurofilament light chain protein in a sample comprising cerebrospinal fluid, blood, serum, or plasma that has been obtained from the subject (e.g., as compared to a reference level of neurofilament light chain protein).

BACKGROUND OF THE INVENTION

Neurological disorders can cause permanent and irreversible damage that can affect a patient's quality of life, such as speech, cognitive skills, motor skills, and metabolism. Treatments that would delay the onset of symptoms of a neurological disorder in a subject are desired for patients that are diagnosed as being in the early or middle stages of a neurological disorder.

Progressive Supranuclear Palsy (PSP), a relentless and fatal tauopathy, accounts for ~10% of all parkinsonian cases in the U.S. Patients with PSP present with a variety of motor dysfunctions, including postural instability, falls, gait abnormalities, bradykinesia, vertical gaze palsy, pseudobulbar palsy, and axial rigidity without limb rigidity, as well as cognitive impairments including apathy, loss of executive function, and diminished fluency. The neuropathology of PSP is characterized by an accumulation of abnormal intracellular microtubule-associated protein tau, resulting in insoluble paired helical filaments. The neuropathological presentation of PSP neurodegeneration is localized to the subcortical regions including substantia nigra, globus pallidus, and the subthalamic nucleus. The neurodegeneration of PSP is characterized by tissue destruction and cytokine profiles of the activated microglia and astrocytes. These findings are consistent with these activated glial cells as the local sources inflammation and oxidative stress in PSP.

There are approximately 1,400 new diagnosis of PSP per year in the US, with a mean survival 5.9-6.9 years. There are currently no disease modifying treatments for PSP. The current standard of care is palliative. Patients in the advanced stages of the disease often have feeding tubes inserted to avoid choking risks and to provide nutrition.

While there are therapies available to lessen some symptoms of PSP, none protect the brain or slow the deterioration of nerve cells. Current medications to treat symptoms of PSP include dopamine agonists, tricyclic antidepressants, methysergide, Onabotulinumtoxin A (to treat muscle rigidity in the face). However, as the disease progresses, and symptoms worsen, medications may fail to adequately lessen the symptoms.

Accordingly, there is need for new safe and effective treatments of progressive supranuclear palsy.

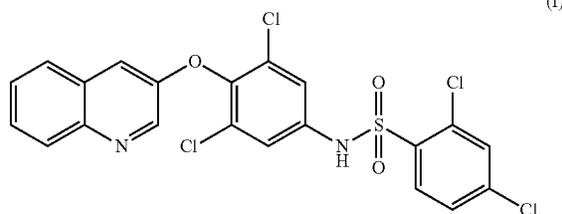
SUMMARY OF THE INVENTION

It has now been discovered that the peroxisome proliferator-activated receptor gamma (PPAR γ) agonist INT131 (CHS131) is effective for treating progressive supranuclear palsy ("PSP"). The PPAR γ is a transcription factor belonging to the superfamily of ligand-activated transcription factors, including the steroid, thyroid, and retinoid receptors [Thiemermann, 2004 #12090]. To date, PPAR γ agonists have been therapeutic agents for disorders of metabolism, including obesity, Type 2 diabetes mellitus, and dyslipidemia. Recently, the novel, selective PPAR γ agonist, CHS-131 has been shown to decrease inflammation and to be neuroprotective in patients with relapsing remitting Multiple Sclerosis.

In one aspect, the present invention provides methods of treating progressive supranuclear palsy and symptoms thereof. The methods typically involve administering to a subject in need thereof a therapeutically effective amount of compound INT131 described in U.S. Pat. No. 7,601,841. INT131 is unique among PPAR γ agonists in that it exerts potent anti-inflammatory effects in the central nervous system without evidence of systemic immunosuppression and is a selective activator of a highly limited number of PPAR γ pathways. Among these INT131-sensitive pathways are metabolic pathways including those pathways regulated by the hormone adiponectin.

As a result of this selective activation, administration of INT131 to patients results in fewer side effects than administration of other PPAR γ agonists. For example, INT131 was equally efficacious in reducing HbA1c levels as 45 mg of pioglitazone but subjects taking INT131 experienced less edema, weight gain, and hemodilution than those taking pioglitazone. See, DePaoli, et al. *Diabetes Care*. 2014 July; 37(7):1918-23. Thus, INT131 can administered to treat PSP while limiting side effects. Limiting side effects is advantageous as it helps preserve the quality of life for subject taking the medication and results in improved subject compliance with taking medication.

In particular, the invention provides a method of treating progressive supranuclear palsy or symptoms thereof in a subject in need thereof comprising administering to the subject a pharmaceutical composition comprising a therapeutically effective amount of a compound of formula (I),



or a pharmaceutically acceptable salt, prodrug, or isomer thereof.

In one embodiment, the compound of formula (I) (i.e., INT131) is provided in the form of a besylate salt.

In one embodiment, the therapeutically effective amount is from about 0.1 to about 15 mg. In another embodiment, the therapeutically effective amount is from about 1 to about

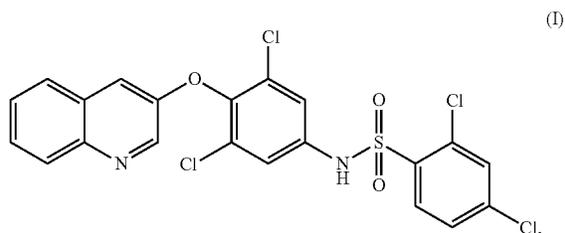
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10 mg. In still another embodiment, the therapeutically effective amount is from about 2 to about 6 mg. In yet another embodiment, the therapeutically effective amount is about 3 mg. In another embodiment, the therapeutically effective amount is about 15 mg, about 14 mg, about 13 mg, about 12 mg, about 11 mg, about 10 mg, about 9 mg, about 8 mg, about 7 mg, about 6 mg, about 5 mg, about 4 mg, about 3 mg, about 2 mg, or about 1 mg.

The pharmaceutical compositions used in the methods of the invention may be administered to the subject twice a day, daily, every other day, three times a week, twice a week, weekly, every other week, twice a month, or monthly.

Preferably, the methods of the invention result in increase of the adiponectin level in the subject by at least about 30%, at least about 68%, at least about 175%, or at least about 200%.

Provided herein are methods of treating a subject that include: selecting a subject having an elevated level of neurofilament light chain protein in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject, as compared to a reference level of neurofilament light chain protein (e.g., any of the exemplary reference levels of neurofilament light chain protein described herein); and administering a pharmaceutical composition including a therapeutically effective amount of a compound of formula (I),



or a pharmaceutically acceptable salt, prodrug, or isomer thereof, to the selected subject.

Also provided herein are methods of selecting a treatment for a subject that include: identifying a subject having an elevated level of neurofilament light chain protein in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject, as compared to a reference level of neurofilament light chain protein (e.g., any of the exemplary reference levels of neurofilament light chain protein described herein); and selecting a pharmaceutical composition including a therapeutically effective amount of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof, for the identified subject. Some embodiments of any of the methods described herein further include administering the selected treatment to the identified subject.

Also provided herein are methods of selecting a subject for treatment that include: identifying a subject having an elevated level of neurofilament light chain protein in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject, as compared to a reference level of neurofilament light chain protein (e.g., any of the exemplary reference levels of neurofilament light chain protein described herein); and selecting the identified subject for treatment with a pharmaceutical composition comprising a therapeutically effective amount of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof.

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Also provided herein are methods of selecting a subject for participation in a clinical trial that include: identifying a subject having an elevated level of neurofilament light chain protein in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject, as compared to a reference level of neurofilament light chain protein (e.g., any of the exemplary reference levels of neurofilament light chain protein described herein); and selecting the identified subject for participation in a clinical trial that includes administration of a pharmaceutical composition including a therapeutically effective amount of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof.

Also provided herein are methods of predicting the efficacy of a treatment in a subject that include: determining a level of neurofilament light chain protein level in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject; and determining that a treatment with a pharmaceutical composition including a therapeutically effective amount of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof, is more likely to be effective in a subject having an elevated level of neurofilament light chain protein in the sample as compared to a reference level of neurofilament light chain protein (e.g., any of the exemplary reference levels of neurofilament light chain protein described herein), as compared to a subject not having an elevated level of neurofilament light chain protein in a sample including blood, serum, or plasma as compared to the reference level of neurofilament light chain protein.

In some embodiments of any of the methods described herein, the subject has not been diagnosed with a neurological disorder or neural tissue damage. In some embodiments of any of the methods described herein, the subject does not present with a symptom of a neurological disorder or neural tissue damage (e.g., any of the symptoms of a neurological disorder or neural tissue damage described herein or known in the art). In some embodiments of any of the methods described herein, the subject has been diagnosed as having a neurological disorder (e.g., any of the neurological disorders described herein or known in the art) or neural tissue damage. In some embodiments of any of the methods described herein, the subject has been diagnosed as having progressive supranuclear palsy. Some embodiments of any of the methods described herein further include performing an assay to determine the level of neurofilament light chain protein in the sample obtained from the subject (e.g., any of the exemplary assays for determining a level of neurofilament light chain protein described herein or known in the art). In some embodiments of any of the methods described herein, the assay is a single-molecule array assay.

In some embodiments of any of the methods described herein, the subject has been previously administered a different pharmaceutical composition and the different pharmaceutical composition was determined not to be therapeutically effective.

Also provided herein are methods of determining the efficacy of a treatment in a subject that include: determining a first level of neurofilament light chain protein level in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject at a first time point; determining a second level of neurofilament light chain protein level in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject at a second time point, where the subject received at least one dose of a pharmaceutical composition including a therapeutically effective amount of a compound of formula (I), or a

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pharmaceutically acceptable salt, prodrug, or isomer thereof, between the first and the second time points; and identifying the pharmaceutical composition as being effective in a subject having a reduced second level of neurofilament light chain protein as compared to the first level of neurofilament light chain protein.

In some embodiments of any of the methods described herein, the subject is a participant in a clinical trial. Some embodiments of any of the methods described herein, the method further includes administering one or more additional doses of the pharmaceutical composition identified as being effective in the subject.

Provided herein are methods of treating a subject that includes: selecting a subject having an elevated second level of neurofilament light chain protein in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject at a second time point, as compared to a first level of neurofilament light chain protein in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject at a first time point; and administering a pharmaceutical composition including a therapeutically effective amount of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof, to the selected subject.

Also provided herein are methods of selecting a treatment for a subject that include: identifying a subject having an elevated second level of neurofilament light chain protein in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject at a second time point, as compared to a first level of neurofilament light chain protein in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject at a first time point; and selecting a pharmaceutical composition including a therapeutically effective amount of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof, for the identified subject. Some embodiments of any of the methods described herein further include administering the selected treatment to the identified subject.

Also provided herein are methods of selecting a subject for treatment that include: identifying a subject having an elevated second level of neurofilament light chain protein in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject at a second time point, as compared to a first level of neurofilament light chain protein in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject at a first time point; and selecting the identified subject for treatment with a pharmaceutical composition including a therapeutically effective amount of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof.

Also provided herein are methods of selecting a subject for participation in a clinical trial that include: identifying a subject having an elevated second level of neurofilament light chain protein in a sample providing cerebrospinal fluid, blood, serum, or plasma obtained from the subject at a second time point, as compared to a first level of neurofilament light chain protein in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject at a first time point; and selecting the identified subject for participation in a clinical trial that includes administration of a pharmaceutical composition including a therapeutically effective amount of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof.

In some embodiments of any of the methods described herein, wherein the subject has not been diagnosed with a neurological disorder (e.g., any of the neurological disorders described herein or known in the art) or neural tissue

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damage. In some embodiments of any of the methods described herein, the subject does not present with a symptom of a neurological disorder or neural tissue damage (e.g., any of the symptoms of a neurological disorder or neural tissue damage described herein or known in the art). In some embodiments of any of the methods described herein, the subject has been diagnosed as having a neurological disorder (e.g., any of the neurological disorders described herein or known in the art) or neural tissue damage. In some embodiments of any of the methods described herein, the subject has been diagnosed as having progressive supranuclear palsy.

Some embodiments of any of the methods described herein that includes performing an assay to determine the first level and second levels of neurofilament light chain protein in the sample obtained from the subject at the first time point and the second time point, respectively (e.g., any of the assays for determining a level of neurofilament light chain protein described herein or known in the art). In some embodiments of any of the methods described herein, the assay is a single-molecule array assay.

In some embodiments of any of the methods described herein, the subject has been previously administered a different pharmaceutical composition and the different pharmaceutical composition was determined not to be therapeutically effective. In some embodiments of any of the methods described herein, the subject has not been diagnosed with a neurological disorder (e.g., any of the neurological disorders described herein or known in the art) or neural tissue damage. In some embodiments of any of the methods described herein, the subject does not present with a symptom of a neurological disorder or neural tissue damage (e.g., any of the symptoms of a neurological disorder or neural tissue damage described herein or known in the art).

BRIEF DESCRIPTION OF THE DRAWINGS

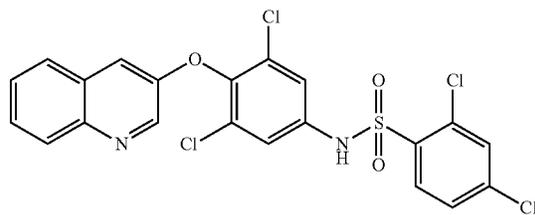
FIG. 1. Serum adiponectin levels at Day 1, 4, 8, and 14 following administration of a placebo or 0.1, 1.0 or 4.0 mg INT131.

FIG. 2. Neuroprotective effects of CHS-131: subjects with a neurodegenerative disease (RRMS) administered 3 mg daily CHS-131 for six months had 34.2% less cortical volume loss and 50% less whole brain volume loss, when compared to placebo.

DETAILED DESCRIPTION OF THE INVENTION

In particular, the compound (I),

(I)



has been found to be unexpectedly effective for the treatment of progressive supranuclear palsy. This compound is also known as INT131 or CHS131.

The terms “treat,” “treating” and “treatment” refer to a method of alleviating or abrogating a disease and/or its attendant symptoms. In another embodiment, treating refers to impeding or halting progression of a disease. In yet another embodiment, treating refers to extending the life of a subject with a disease.

In some embodiments, treatment can result in a reduction (e.g., an about 1% to about 99% reduction, an about 1% to about 95% reduction, an about 1% to about 90% reduction, an about 1% to about 85% reduction, an about 1% to about 80% reduction, an about 1% to about 75% reduction, an about 1% to about 70% reduction, an about 1% to about 65% reduction, an about 1% to about 60% reduction, an about 1% to about 55% reduction, an about 1% to about 50% reduction, an about 1% to about 45% reduction, an about 1% to about 40% reduction, an about 1% to about 35% reduction, an about 1% to about 30% reduction, an about 1% to about 25% reduction, an about 1% to about 20% reduction, an about 1% to about 15% reduction, an about 1% to about 10% reduction, an about 1% to about 5% reduction, an about 5% to about 99% reduction, an about 5% to about 95% reduction, an about 5% to about 90% reduction, an about 5% to about 85% reduction, an about 5% to about 80% reduction, an about 5% to about 75% reduction, an about 5% to about 70% reduction, an about 5% to about 65% reduction, an about 5% to about 60% reduction, an about 5% to about 55% reduction, an about 5% to about 50% reduction, an about 5% to about 45% reduction, an about 5% to about 40% reduction, an about 5% to about 35% reduction, an about 5% to about 30% reduction, an about 5% to about 25% reduction, an about 5% to about 20% reduction, an about 5% to about 15% reduction, an about 5% to about 10% reduction, an about 10% to about 99% reduction, an about 10% to about 95% reduction, an about 10% to about 90% reduction, an about 10% to about 85% reduction, an about 10% to about 80% reduction, an about 10% to about 75% reduction, an about 10% to about 70% reduction, an about 10% to about 65% reduction, an about 10% to about 60% reduction, an about 10% to about 55% reduction, an about 10% to about 50% reduction, an about 10% to about 45% reduction, an about 10% to about 40% reduction, an about 10% to about 35% reduction, an about 10% to about 30% reduction, an about 10% to about 25% reduction, an about 10% to about 20% reduction, an about 10% to about 15% reduction, an about 10% to about 10% reduction, an about 15% to about 90% reduction, an about 15% to about 85% reduction, an about 15% to about 80% reduction, an about 15% to about 75% reduction, an about 15% to about 70% reduction, an about 15% to about 65% reduction, an about 15% to about 60% reduction, an about 15% to about 55% reduction, an about 15% to about 50% reduction, an about 15% to about 45% reduction, an about 15% to about 40% reduction, an about 15% to about 35% reduction, an about 15% to about 30% reduction, an about 15% to about 25% reduction, or an about 15% to about 20% reduction) in the number, severity, and/or duration of one or more (e.g., two, three, four, five, or six) symptoms and/or metrics (e.g., scores) of a neurological disorder (e.g., progressive supranuclear palsy) or neural tissue damage (e.g., any of the symptoms and/or metrics of any of the neurological disorders described herein or known in the art) (e.g., any of the symptoms and/or metrics of progressive supranuclear palsy described herein or known in the art).

The term “progressive supranuclear palsy” or “PSP” refers to a neurologic disorder of unknown origin that gradually destroys cells in many areas of the brain and the

accumulation of abnormal aggregates of the microtubule-associated protein tau, resulting in insoluble paired helical filaments [Friedhoff, 2000 #12095], including the gradual deterioration of neurons and glial cells in the midbrain and frontal cortex that display insoluble helical filaments of tau proteins.

PSP starts with a pre-symptomatic phase during which there is an increase in neuropathological abnormalities. Next, patients develop isolated symptoms that are suggestive of PSP (soPSP). In any of the methods described herein, PSP can be classic PSP-Richardson’s syndrome (PSP-RS), PSP-Parkinsonism (PSP-P), PSP-corticobasal syndrome (PSP-CBS), PSP-progressive non-fluent aphasia (PSP-PNFA), or PSP-pure akinesia with gait freezing (PSP-PAGF) (Ling et al., *J. Mov. Disord.* 9(1):3-13, 2016). In some embodiments of any of the methods described herein, a subject can be previously diagnosed or identified as having PSP (e.g., PSP-RS, PSP-P, PSP-PNFA, or PSP-PAGF). In some embodiments of any of the methods described herein, a subject can previously be identified as having an increased risk of developing PSP (e.g., a subject having a genetically-related family member (e.g., a parent, grandparent, aunt, uncle, or sibling) that has been identified or diagnosed as having PSP). In some embodiments of any of the methods described herein, a subject can previously be identified or diagnosed as having pre-symptomatic PSP or suggestive-of-PSP.

After onset, symptoms of PSP become rapidly and progressively worse. Subjects diagnosed with PSP may become severely disabled within five years and die within six years.

Symptoms of PSP usually first appear at the age of 60 and worsen until death. People with PSP commonly die from pneumonia, choking or other complications caused by the loss of functional brain cells, resulting in loss of autonomic and motor function (e.g. the ability to swallow).

Signs and symptoms of PSP include movement, cognitive and psychiatric disorders. Voluntary movement can be impaired in PSP and include pseudobulbar palsy (i.e. inability to control facial movements), bradykinesia (i.e. slow or abnormal muscle movement), neck and trunk rigidity, impaired gait, impaired balance, posture instability and difficulty with speech and swallowing. Individuals who become unable to swallow food can be fitted with a feeding tube to provide nutrition. A most obvious, outward sign of the disease is an inability to coordinate and move the eyes normally, resulting in a vertical gaze palsy. Cognitive impairments include loss of executive functions (e.g. attention control, inhibitory control, working memory, cognitive flexibility, reasoning, problem solving and planning) and diminished fluency. Associated psychiatric symptoms include depression, feelings of irritability, sadness or apathy, insomnia, fatigue and loss of energy.

In some embodiments, a subject can be identified as having PSP using the MDS PSP Diagnostic Criteria (as described in, e.g., Hoglinger et al., *Mov. Disord.* 31:644-652, 2016).

In some embodiments, a subject can be identified as being at increased risk of developing PSP or identified as having PSP (e.g., any of the types of PSP described herein), e.g., at least in part, by detecting a genetic alteration in a gene encoding the microtubule-associated protein tau (MAPT) (e.g., any of the inversion polymorphisms in the MAPT gene, any of the haplotype-specific polymorphisms in the MAPT gene, the rare-coding MAPT variant (A152T), or mutations that enhance splicing of exon 10 in the MAPT gene described, e.g., in Hoglinger et al., *Nature Genet.* 43:699-705, 2011, and Hinz et al., *Cold Spring Harb.*

Perspect Biol.) Non-limiting examples of genetic alterations in a gene encoding MAPT include mutations that result in the production of MAPT protein that include one or more point mutations of: S285R, L284R, P301L, and G303V. Additional specific genetic mutations in a gene encoding MAPT protein that can be used to identify a subject as having an increased risk of developing PSP or can be used to identify a subject as having PSP (e.g., any of the types of PSP described herein) are described in, e.g., Boxer et al., *Lancet* 16:552-563, 2017.

In some embodiments, a subject can be identified as having an increased risk of developing PSP or identified as having PSP (e.g., any of the types of PSP described herein), e.g., at least in part, by detecting tau protein deposits (e.g., 4-repeat tau protein deposits), detecting of atrophy of the midbrain and/or superior cerebellar peduncles (e.g., using any of the imaging techniques described herein or known in the art, e.g., magnetic resonance imaging (MM) or positron emission tomography (PET) scans), and/or detecting of hypometabolism in the frontal cortex, caudate, and/or thalamus in the subject (e.g., using any of the imaging techniques described herein or known in the art, e.g., MRI, CT scan, or PET scan).

For example, in some embodiments a subject can be identified or diagnosed as having PSP (e.g., any of the types of PSP described herein), e.g., at least in part, by using Mill to detect brain atrophy (Min et al., *Nat. Med.* 21:1154-1162, 2015; Yanamandra et al., *Ann. Clin. Transl. Neurol.* 2:278-288, 2015), changes in regional gray and white matter volume to detect atrophy (see, e.g., Josephs et al., *Brain* 137:2783-2795, 2014; Santos-Santos et al., *JAMA Neurol.* 73:733-742, 2016), and midbrain atrophy by detecting midbrain area and volume in the subject (Josephs et al., *Neurobiol. Aging* 29:280-289, 2008; Whitwell et al., *Eur. J. Neurol.* 20:1417-1422, 2013). In some embodiments, a subject can be identified or diagnosed as having PSP (e.g., any of the types of PSP described herein), e.g., at least in part, by administering to a subject a tau protein tracer (e.g., AV1451 or PBB3) and detecting tau protein in the subject's brain using a PET scan (see, e.g., Marquie et al., *Ann. Neurol.* 78:787-800, 2015; Cho et al., *Mov. Disord.* 32:134-140, 2017; Whitwell et al., *Mov. Disord.* 32:124-133, 2017; and Smith et al., *Mov. Disord.* 32:108-114, 2017). In some embodiments, a subject can be diagnosed or identified as having PSP (e.g., any of the types of PSP described herein), e.g., at least in part, by detecting the difference in binaural masking level in the subject using a PET scan (see, e.g., Hughes et al., *J. Neurophysiol.* 112:3086-3094, 2014).

In some embodiments, a subject can be identified as being at increased risk of developing PSP or identified as having PSP (e.g., any of the types of PSP described herein), e.g., at least in part, by detecting the presence of, or an elevated level (e.g., as compared to a level in a healthy control subject) of, one or more biomarkers in a subject. In some embodiments, a subject can be identified or diagnosed as having PSP (e.g., any of the types of PSP described herein), e.g., at least in part, by detecting the presence of, or detection of an elevated level (e.g., as compared to a level in a healthy control subject) of, neurofilament light chain in the blood and/or cerebrospinal fluid in a subject (e.g., using any of the immunoassays described in Scherling et al., *Ann. Neurol.* 75:116-126, 2014; Bacioglu et al., *Neuron* 91:56-66, 2016; and Rojas et al., *Ann. Clin. Transl. Neurol.* 3:216-255, 2016). In some embodiments, a subject can be identified or diagnosed as having PSP (e.g., any of the types of PSP described herein), e.g., at least in part, by detecting the presence of, or detection of an elevated level (e.g., as

compared to a level in a healthy control subject) of, YKL-40 in cerebrospinal fluid from the subject (see, e.g., Magdalinou et al., *J. Neurol. Neurosurg. Psychiatry* 2014 October; 85(10): 1065-1075; and Magdalinou et al., *J. Neurol. Neurosurg. Psychiatry* 86:1240-1247, 2015).

In some embodiments, a subject can be identified or diagnosed as having PSP (e.g., any of the types of PSP described herein), e.g., at least in part, by detecting decreased saccade velocity and gain in the subject using infrared oculography (see, e.g., Boxer et al., *Arch. Neurol.* 69:509-517, 2012; Boxer et al., *Lancet Neurol.* 132:676-685, 2014). In some embodiments, a subject can be identified or diagnosed as having PSP (e.g., any of the types of PSP described herein), e.g., at least in part, by detecting a spontaneous and evoked blink rate associated with PSP in the subject (see, e.g., Bologna et al., *Brain* 132:502-510, 2009). In some embodiments, a subject can be identified or diagnosed as having PSP (e.g., any of the types of PSP described herein), e.g., at least in part, by detecting decreased retinal thickness in a subject's eye using optical coherence tomography (see, e.g., Schneider et al., *J. Neural Transm.* 121:41-47, 2014). In some embodiments, a subject can be identified or diagnosed as having PSP (e.g., any of the types of PSP described herein), e.g., at least in part, by detecting disrupted circadian rhythms and sleep in the subject (see, e.g., Walsh et al., *Sleep Med.* 22: 50-56, 2016).

In some embodiments, a subject can be identified or diagnosed as having PSP (e.g., any of the types of PSP described herein), e.g., at least in part, by detected a decreased ratio of 33 kDa tau to 55 kDa tau in the subject (e.g., as compared to the ratio of 33 kDa tau to 55 kDa tau in a healthy subject). In some embodiments, a subject can be identified or diagnosed as having PSP (e.g., any of the types of PSP described herein), e.g., at least in part, by detecting the presence of, or detecting an elevated level of, protein tyrosine phosphatase 1 (Ptpn1) (e.g., as described in Santiago et al., *Mov. Disord.* 29(4):550-555, 2014).

Some embodiments of any of the methods described herein can include monitoring the progression of PSP in the subject, e.g., by assessing the severity of PSP in the subject over time, e.g., using the Progressive Supranuclear Palsy Rating Scale (PSPRS) (e.g., as described in Golbe et al., *Brain* 130(6):1552-1565, 2007). The PSPRS evaluates subjects according to their ability to perform daily activities, behavior, bulbar function, ocular motor function, limb motor function, and gait.

In some embodiments of any of the methods described herein, a subject can be further administered levodopa and/or physical therapy (e.g., as described in Lamb et al., *Curr. Treat Options Neurol.* 14:42, 2016, and Clerici et al., *PLoS One* 12: e0170927, 2017).

The term "therapeutically effective amount" refers to that amount of the compound being administered sufficient to treat a disease. In one embodiment, the therapeutically effective amount is sufficient to prevent development of or alleviate to some extent one or more of the symptoms of the condition or disorder being treated.

The term "subject" is defined herein to include animals such as mammals, including but not limited to, primates (e.g., humans), cows, sheep, goats, horses, dogs, cats, rabbits, rats, mice and the like. In preferred embodiments, the subject is a human.

In some embodiments of any of the methods described herein, a subject may be referred to as a patient. In some embodiments of any of the methods described herein, the subject is 40 years old or older (e.g., 41 years old or older, 42 years old or older, 43 years old or older, 44 years old or

older, 45 years old or older, 50 years old or older, 55 years old or older, 60 years old or older, 65 years old or older, 70 years old or older, 75 years old or older, 80 years old or older, 90 years old or older, or 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, or 103 years old).

In some embodiments, the subject does not present with a symptom (e.g., any of the symptoms described herein or known in the art) of a neurological disorder or neural tissue damage (e.g., progressive supranuclear palsy, multiple sclerosis, relapsing-remitting MS (RRMS), clinically isolated syndrome (CIS), primary progressive MS (PPMS), secondary progressive MS (SPMS), or radiologically isolated syndrome (RIS)). In other embodiments, the subject has been diagnosed as having a neurological disorder (e.g., multiple sclerosis, relapsing-remitting MS (RRMS), clinically isolated syndrome (CIS), primary progressive MS (PPMS), secondary progressive MS (SPMS), or radiologically isolated syndrome (RIS)) or neural tissue damage. In other embodiments, the subject has been diagnosed as having neural tissue damage (e.g., severe traumatic brain injury, sports-related mild traumatic brain injury, or post-concussion syndrome). In yet other embodiments, the subject has not been diagnosed as having a neurological disorder or neural tissue damage.

In some embodiments, the subject has a degenerative and traumatic neurological disorder (e.g., dementia, amyotrophic lateral sclerosis, or spinal cord injury).

In yet other embodiments, the subject has been diagnosed or identified as having a neurological disorder that would benefit from treatment with a proliferator-activated receptor gamma (PPAR γ) agonist (e.g., CHS-131).

In some embodiments, the subject has previously been administered at least one dose of a CHS-131. In some embodiments, the subject is a participant in a clinical trial.

In other embodiments, the subject has been previously administered a different pharmaceutical composition and the different pharmaceutical composition was determined not to be therapeutically effective.

The term “pharmaceutically acceptable salts” is meant to include salts of the active compounds which are prepared with relatively nontoxic acids or bases, depending on the particular substituents found on the compounds described herein. When compounds of the present invention contain relatively acidic functionalities, base addition salts can be obtained by contacting the neutral form of such compounds with a sufficient amount of the desired base, either net or in a suitable inert solvent. Examples of pharmaceutically acceptable base addition salts include sodium, potassium, calcium, ammonium, organic amino, or magnesium salt, or a similar salt. When compounds of the present invention contain relatively basic functionalities, acid addition salts can be obtained by contacting the neutral form of such compounds with a sufficient amount of the desired acid, either net or in a suitable inert solvent. Examples of pharmaceutically acceptable acid addition salts include those derived from inorganic acids like hydrochloric, hydrobromic, nitric, carbonic, monohydrogencarbonic, phosphoric, monohydrogenphosphoric, dihydrogenphosphoric, sulfuric, monohydrogensulfuric, hydriodic, or phosphorous acids and the like, as well as the salts derived from relatively nontoxic organic acids like acetic, propionic, isbutyric, oxalic, maleic, malonic, benzoic, succinic, suberic, fumeric mandelic, phthalic, benzenesulfonic, p-tolylsulfonic, citric, tartaric, methanesulfonic, and the like. Also included are salts of

amino acids such as arginate and the like, and salts of organic acids like glucuronic or galacturonic acids and the like (see, for example, Berge, S. M., et al., “Pharmaceutical Salts”, *Journal of Pharmaceutical Science*, 1977, 66, 1-19).

Certain specific compounds of the present inventions contain both basic and acidic functionalities that allow the compounds to be converted into either base or acid addition salts.

The neutral forms of the compounds may be registered by contacting the salt with a base or acid and isolating the parent compound in the conventional manner. The parent form of the compound differs from the various salt forms in certain physical properties, such as solubility in polar solvents, but otherwise the salts are equivalent to the parent form of the compound for the purposes of the present invention.

In addition to salt forms, the present invention provides compounds which are in a prodrug form. Prodrugs of the compounds described herein are those compounds that readily undergo chemical changes under physiological conditions to provide the compounds of the present invention. Additionally, prodrugs can be converted to the compounds of the present invention by chemical or biochemical methods in an ex vivo environment. For example, prodrugs can be slowly converted to the compounds of the present invention when placed in a transdermal patch reservoir with a suitable enzyme or chemical reagent. Prodrugs are often useful because, in some situations, they may be easier to administer than the parent drug. They may be bioavailable by oral administration whereas the parent drug is not. The prodrug may also have improved solubility in pharmacological compositions over the parent drug. A wide variety of prodrug derivatives are known in the art, such as those that rely on hydrolytic cleavage or oxidative activation of the prodrug. An example, without limitation, of a prodrug would be a compound of the present invention which is administered as an ester (the “prodrug”), but then is metabolically hydrolyzed to the carboxylic acid, the active entity. Additional examples include peptidyl derivatives of a compound of the invention.

Certain compounds of the present invention can exist in unsolvated forms as well as solvated forms, including hydrated forms. In general, the solvated forms are equivalent to unsolvated forms and are intended to be encompassed within the scope of the present invention. Certain compounds of the present invention may exist in multiple crystalline or amorphous forms. In general, all physical forms are equivalent for the uses contemplated by the present invention and are intended to be within the scope of the present invention.

Certain compounds of the present invention possess asymmetric carbon atoms (optical centers) or double bonds; the racemates, diastereomers, geometric isomers and individual isomers are all intended to be encompassed within the scope of the present invention.

The compounds of the present invention may also contain unnatural proportions of atomic isotopes at one or more of the atoms that constitute such compounds. For example, the compounds may be radiolabeled with radioactive isotopes, such as for example tritium (^3H), iodine-125 (^{125}I) or carbon-14 (^{14}C). All isotopic variations of the compounds of the present invention, whether radioactive or not, are intended to be encompassed within the scope of the present invention.

As used herein, the term “biological sample” or “sample” refers to a sample obtained or derived from a subject. By way of example, the sample can include cerebrospinal fluid

(CSF), blood, serum, or plasma. In some embodiments, a sample can be, or include, a blood sample. In some embodiments, a sample can be, or include, a serum sample. In some embodiments, a sample can be, or include, a plasma sample.

As used herein, “obtain” or “obtaining” can be any means whereby one comes into possession of the sample by “direct” or “indirect” means. Directly obtaining a sample means performing a process (e.g., performing a physical method such as extraction or phlebotomy) to obtain a sample from the subject. Indirectly obtaining a sample refers to receiving the sample from another party or source (e.g., a third-party laboratory that directly acquired the sample). Thus, obtain is used to mean collection and/or removal of the sample from the subject. Some embodiments of any of them methods described herein can include obtaining a sample or samples from a subject.

The phrase “an elevated” or “an increased level” can be an elevation or an increase of at least 1% (e.g., at least 2%, at least 4%, at least 6%, at least 8%, at least 10%, at least 12%, at least 14%, at least 15%, at least 20%, at least 25%, at least 30%, at least 35%, at least 40%, at least 45%, at least 50%, at least 55%, at least 60%, at least 65%, at least 70%, at least 75%, at least 80%, at least 85%, at least 90%, at least 95%, at least 99%, at least 100%, at least 110%, at least 115%, at least 120%, at least 140%, at least 150%, at least 200%, at least 250%, at least 300%, at least 350%, at least 400%, or between 1% and 400%, between 1% and 300%, between 1% and 200%, between 1% and 100%, between 1% and 50%, between 1% and 25%, between 1% and 10%, between 10% and 400%, between 10% and 300%, between 10% and 200%, between 10% and 100%, between 10% and 50%, between 50% and 400%, between 50% and 300%, between 50% and 200%, between 50% and 100%, between 50% and 75%, between 75% and 100%, or 1%, 2%, 4%, 5%, 6%, 8%, 10%, 12%, 14%, 16%, 18%, 20%, 25%, 30%, 35%, 40%, 45%, 50%, 55%, 60%, 65%, 70%, 75%, 80%, 85%, 90%, 95%, 100%, 105%, 110%, 115%, 120%, 125%, 130%, 135%, 140%, 145%, 150%, 155%, 160%, 165%, 170%, 175%, 180%, 185%, 190%, 195%, 200%, 250%, 300%, 350%, or 400%), e.g., as compared to a reference level (e.g., any of the exemplary reference levels described herein) or a first level of neurofilament light chain protein.

In some embodiments, an elevated level can be an elevation or an increase of about 1% to about 500%, about 1% to about 450%, about 1% to about 400%, about 1% to about 350%, about 1% to about 300%, about 1% to about 250%, about 1% to about 200%, about 1% to about 150%, about 1% to about 100%, about 1% to about 50%, about 1% to about 25%, about 1% to about 20%, about 1% to about 15%, about 1% to about 10%, about 1% to about 5%, about 2% to about 500%, about 2% to about 450%, about 2% to about 400%, about 2% to about 350%, about 2% to about 300%, about 2% to about 250%, about 2% to about 200%, about 2% to about 150%, about 2% to about 100%, about 2% to about 50%, about 2% to about 25%, about 2% to about 20%, about 2% to about 15%, about 2% to about 10%, about 5% to about 500%, about 5% to about 450%, about 5% to about 400%, about 5% to about 350%, about 5% to about 300%, about 5% to about 250%, about 5% to about 200%, about 5% to about 150%, about 5% to about 100%, about 5% to about 50%, about 5% to about 25%, about 5% to about 20%, about 5% to about 15%, about 5% to about 10%, about 10% to about 500%, about 10% to about 450%, about 10% to about 400%, about 10% to about 350%, about 10% to about 300%, about 10% to about 250%, about 10% to about 200%, about 10% to about 150%, about 10% to about 100%, about 10% to about 50%, about 10% to about 25%, about 10% to about 10% to about 50%, about 10% to about 25%, about 10% to

about 20%, about 10% to about 15%, about 15% to about 500%, about 15% to about 450%, about 15% to about 400%, about 15% to about 350%, about 15% to about 300%, about 15% to about 250%, about 15% to about 200%, about 15% to about 150%, about 15% to about 100%, about 15% to about 50%, about 15% to about 25%, about 15% to about 20%, about 20% to about 500%, about 20% to about 450%, about 20% to about 400%, about 20% to about 350%, about 20% to about 300%, about 20% to about 250%, about 20% to about 200%, about 20% to about 150%, about 20% to about 100%, about 20% to about 50%, about 20% to about 25%, about 25% to about 500%, about 25% to about 450%, about 25% to about 400%, about 25% to about 350%, about 25% to about 300%, about 25% to about 250%, about 25% to about 200%, about 25% to about 150%, about 25% to about 100%, about 25% to about 50%, about 50% to about 500%, about 50% to about 450%, about 50% to about 400%, about 50% to about 350%, about 50% to about 300%, about 50% to about 250%, about 50% to about 200%, about 50% to about 150%, about 50% to about 100%, about 100% to about 500%, about 100% to about 450%, about 100% to about 400%, about 100% to about 350%, about 100% to about 300%, about 100% to about 250%, about 100% to about 200%, about 100% to about 150%, about 150% to about 500%, about 150% to about 450%, about 150% to about 400%, about 150% to about 350%, about 150% to about 300%, about 150% to about 250%, about 150% to about 200%, about 150% to about 150%, about 150% to about 100%, about 200% to about 500%, about 200% to about 450%, about 200% to about 400%, about 200% to about 350%, about 200% to about 300%, about 200% to about 250%, about 250% to about 500%, about 250% to about 450%, about 250% to about 400%, about 250% to about 350%, about 250% to about 300%, about 300% to about 500%, about 300% to about 450%, about 300% to about 400%, about 300% to about 350%, about 350% to about 500%, about 350% to about 450%, about 350% to about 400%, about 400% to about 500%, about 400% to about 450%, or about 450% to about 500%, e.g., as compared to a reference level (e.g., any of the exemplary reference levels described herein) or a first level of neurofilament light chain protein.

A “reduced level” can be a 1% to about 99% reduction, a 1% to about 95% reduction, a 1% to about 90% reduction, a 1% to about 85% reduction, a 1% to about 80% reduction, a 1% to about 75% reduction, a 1% to about 70% reduction, a 1% to about 65% reduction, a 1% to about 60% reduction, a 1% to about 55% reduction, a 1% to about 50% reduction, a 1% to about 45% reduction, a 1% to about 40% reduction, a 1% to about 35% reduction, a 1% to about 30% reduction, a 1% to about 25% reduction, a 1% to about 20% reduction, a 1% to about 15% reduction, a 1% to about 10% reduction, a 1% to about 5% reduction, an about 5% to about 99% reduction, an about 5% to about 95% reduction, an about 5% to about 90% reduction, an about 5% to about 85% reduction, an about 5% to about 80% reduction, an about 5% to about 75% reduction, an about 5% to about 70% reduction, an about 5% to about 65% reduction, an about 5% to about 60% reduction, an about 5% to about 55% reduction, an about 5% to about 50% reduction, an about 5% to about 45% reduction, an about 5% to about 40% reduction, an about 5% to about 35% reduction, an about 5% to about 30% reduction, an about 5% to about 25% reduction, an about 5% to about 20% reduction, an about 5% to about 15% reduction, an about 5% to about 10% reduction, an about 5% to about 5% reduction, an about 10% to about 99% reduction, an about 10% to about 95% reduction, an about 10% to about 90% reduction, an about 10% to about 85% reduction, an about 10% to about 80% reduction, an

about 10% to about 75% reduction, an about 10% to about 70% reduction, an about 10% to about 65% reduction, an about 10% to about 60% reduction, an about 10% to about 55% reduction, an about 10% to about 50% reduction, an about 10% to about 45% reduction, an about 10% to about 40% reduction, an about 10% to about 35% reduction, an about 10% to about 30% reduction, an about 10% to about 25% reduction, an about 10% to about 20% reduction, an about 10% to about 15% reduction, an about 15% to about 99% reduction, an about 15% to about 95% reduction, an about 15% to about 90% reduction, an about 15% to about 85% reduction, an about 15% to about 80% reduction, an about 15% to about 75% reduction, an about 15% to about 70% reduction, an about 15% to about 65% reduction, an about 15% to about 60% reduction, an about 15% to about 55% reduction, an about 15% to about 50% reduction, an about 15% to about 45% reduction, an about 15% to about 40% reduction, an about 15% to about 35% reduction, an about 15% to about 30% reduction, an about 15% to about 25% reduction, an about 15% to about 20% reduction, an about 20% to about 99% reduction, an about 20% to about 95% reduction, an about 20% to about 90% reduction, an about 20% to about 85% reduction, an about 20% to about 80% reduction, an about 20% to about 75% reduction, an about 20% to about 70% reduction, an about 20% to about 65% reduction, an about 20% to about 60% reduction, an about 20% to about 55% reduction, an about 20% to about 50% reduction, an about 20% to about 45% reduction, an about 20% to about 40% reduction, an about 20% to about 35% reduction, an about 20% to about 30% reduction, an about 20% to about 25% reduction, an about 25% to about 99% reduction, an about 25% to about 95% reduction, an about 25% to about 90% reduction, an about 25% to about 85% reduction, an about 25% to about 80% reduction, an about 25% to about 75% reduction, an about 25% to about 70% reduction, an about 25% to about 65% reduction, an about 25% to about 60% reduction, an about 25% to about 55% reduction, an about 25% to about 50% reduction, an about 25% to about 45% reduction, an about 25% to about 40% reduction, an about 25% to about 35% reduction, an about 25% to about 30% reduction, an about 25% to about 25% reduction, an about 25% to about 20% reduction, an about 25% to about 15% reduction, an about 25% to about 10% reduction, an about 30% to about 99% reduction, an about 30% to about 95% reduction, an about 30% to about 90% reduction, an about 30% to about 85% reduction, an about 30% to about 80% reduction, an about 30% to about 75% reduction, an about 30% to about 70% reduction, an about 30% to about 65% reduction, an about 30% to about 60% reduction, an about 30% to about 55% reduction, an about 30% to about 50% reduction, an about 30% to about 45% reduction, an about 30% to about 40% reduction, an about 30% to about 35% reduction, an about 35% to about 99% reduction, an about 35% to about 95% reduction, an about 35% to about 90% reduction, an about 35% to about 85% reduction, an about 35% to about 80% reduction, an about 35% to about 75% reduction, an about 35% to about 70% reduction, an about 35% to about 65% reduction, an about 35% to about 60% reduction, an about 35% to about 55% reduction, an about 35% to about 50% reduction, an about 35% to about 45% reduction, an about 35% to about 40% reduction, an about 40% to about 99% reduction, an about 40% to about 95% reduction, an about 40% to about 90% reduction, an about 40% to about 85% reduction, an about 40% to about 80% reduction, an about 40% to about 75% reduction, an about 40% to about 70% reduction, an about 40% to about 65% reduction, an about 40% to about 60% reduction, an about 40% to about 55% reduction, an about 40% to about 50% reduction, an about 40% to about 45% reduction, an about 45% to about

99% reduction, an about 45% to about 95% reduction, an about 45% to about 90% reduction, an about 45% to about 85% reduction, an about 45% to about 80% reduction, an about 45% to about 75% reduction, an about 45% to about 70% reduction, an about 45% to about 65% reduction, an about 45% to about 60% reduction, an about 45% to about 55% reduction, an about 45% to about 50% reduction, an about 50% to about 99% reduction, an about 50% to about 95% reduction, an about 50% to about 90% reduction, an about 50% to about 85% reduction, an about 50% to about 80% reduction, an about 50% to about 75% reduction, an about 50% to about 70% reduction, an about 50% to about 65% reduction, an about 50% to about 60% reduction, an about 50% to about 55% reduction, an about 55% to about 99% reduction, an about 55% to about 95% reduction, an about 55% to about 90% reduction, an about 55% to about 85% reduction, an about 55% to about 80% reduction, an about 55% to about 75% reduction, an about 55% to about 70% reduction, an about 55% to about 65% reduction, an about 55% to about 60% reduction, an about 60% to about 99% reduction, an about 60% to about 95% reduction, an about 60% to about 90% reduction, an about 60% to about 85% reduction, an about 60% to about 80% reduction, an about 60% to about 75% reduction, an about 60% to about 70% reduction, an about 60% to about 65% reduction, an about 65% to about 99% reduction, an about 65% to about 95% reduction, an about 65% to about 90% reduction, an about 65% to about 85% reduction, an about 65% to about 80% reduction, an about 65% to about 75% reduction, an about 65% to about 70% reduction, an about 70% to about 99% reduction, an about 70% to about 95% reduction, an about 70% to about 90% reduction, an about 70% to about 85% reduction, an about 70% to about 80% reduction, an about 70% to about 75% reduction, an about 75% to about 99% reduction, an about 75% to about 95% reduction, an about 75% to about 90% reduction, an about 75% to about 85% reduction, an about 75% to about 80% reduction, an about 80% to about 99% reduction, an about 80% to about 95% reduction, an about 80% to about 90% reduction, an about 85% to about 99% reduction, an about 85% to about 95% reduction, an about 85% to about 90% reduction, an about 90% to about 99% reduction, an about 90% to about 95% reduction, or an about 95% to about 99% reduction, e.g., in a second level of neurofilament light chain protein as compared to a first level of neurofilament light chain protein.

As used herein a “first time point” can, e.g., refer to an initial time point wherein the subject has not yet received a dose of a pharmaceutical composition (e.g., any of the pharmaceutical compositions described herein). In some embodiments, a first time point can be, e.g., a time point when a subject has been diagnosed with a neurological disorder or neural tissue damage prior to receiving any treatment (e.g., any of the exemplary treatments described herein). In other examples, a first time point can be a time point when a subject has developed at least one (e.g., 1, 2, 3, 4, 5, 6, 7, 8, 9 or 10) symptom(s) associated with a neurological disorder or neural tissue damage (e.g., any of the exemplary symptoms of a neurological disorder or neural tissue damage described herein or known in the art) and has not received any treatment. In some embodiments, a first time point can represent a time point after which a subject has previously received a different pharmaceutical treatment and the different pharmaceutical treatment was deemed not be successful.

As used herein a “second time point” can, e.g., refer to a second time point after the first time point. In some embodi-

ments, a subject can receive or has received at least one (e.g., 1, 2, 3, 4, 5, 6, 7, 8, 9 or 10) dose of a pharmaceutical composition (e.g., any of the pharmaceutical compositions) between the first and the second time points. In some embodiments, the time difference between a first and second time point can be, e.g., 1 day, 2 days, 3 days, 4 days, 5 days, 6 days, 7 days, 8 days, 9 days, 10 days, 11 days, 12 days, 13 days, 14 days, 15 days, 16 days, 17 days, 18 days, 19 days, 20 days, 21 days, 22 days, 23 days, 24 days, 25 days, 26 days, 27 days, 28 days, 29 days, 30 days, 31 days, 32 days, 33 days, 34 days, 35 days, 36 days, 37 days, 38 days, 39 days, 40 days, 41 days, 42 days, 43 days, 44 days, 45 days, 46 days, 47 days, 48 days, 49 days, 50 days, 51 days, 52 days, 53 days, 54 days, 55 days, 56 days, 57 days, 58 days, 59 days, 60 days, 61 days, 62 days, 63 days, 64 days, 65 days, 66 days, 67 days, 68 days, 69 days, 70 days, 71 days, 72 days, 73 days, 74 days, 75 days, 76 days, 77 days, 78 days, 79 days, 80 days, 81 days, 82 days, 83 days, 84 days, 85 days, 86 days, 87 days, 88 days, 89 days, 90 days, 91 days, 92 days, 93 days, 94 days, 95 days, 96 days, 97 days, 98 days, 99 days, 100 days, 101 days, 102 days, 103 days, 104 days, 105 days, 106 days, 107 days, 108 days, 109 days, 110 days, 111 days, 112 days, 113 days, 114 days, 115 days, 116 days, 117 days, 118 days, 119 days, 120 days, 121 days, 122 days, 123 days, 124 days, 125 days, 126 days, 127 days, 128 days, 129 days, 130 days, 131 days, 132 days, 133 days, 134 days, 135 days, 136 days, 137 days, 138 days, 139 days, 140 days, 141 days, 142 days, 143 days, 144 days, 145 days, 146 days, 147 days, 148 days, 149 days, 150 days, 151 days, 152 days, 153 days, 154 days, 155 days, 156 days, 157 days, 158 days, 159 days, 160 days, 161 days, 162 days, 163 days, 164 days, 165 days, 166 days, 167 days, 168 days, 169 days, 170 days, 171 days, 172 days, 173 days, 174 days, 175 days, 176 days, 177 days, 178 days, 179 days, 180 days, 7 months, 8 months 9 months, 10 months, 11 months, or 1 year.

Unless otherwise defined, all technical and scientific terms used herein have the same meaning as commonly understood by one of ordinary skill in the art to which this invention belongs. Methods and materials are described herein for use in the present invention; other, suitable methods and materials known in the art can also be used. The materials, methods, and examples are illustrative only and not intended to be limiting. All publications, patent applications, patents, sequences, database entries, and other references mentioned herein are incorporated by reference in their entirety. In case of conflict, the present specification, including definitions, will control.

Other features and advantages of the invention will be apparent from the following detailed description and figures, and from the claims.

Embodiments of the Invention

A new use of a known compound that modulates PPAR γ has now been discovered. Specifically, it has been discovered that PPAR γ agonists, and in particular, INT131, are effective to treat progressive supranuclear palsy.

Thus, in one embodiment, the present invention is directed to a method of treating progressive supranuclear palsy or its symptoms in a subject in need thereof comprising administering to the subject a pharmaceutical composition comprising a therapeutically effective amount of INT131 or a pharmaceutically acceptable salt, prodrug, or isomer thereof.

Without wishing to be limited to a particular theory, it is believed that INT131 increases PPAR γ activation in brain cells (including activation of elements in the PPAR γ path-

way), increases adiponectin levels, improves energy metabolism in brain cells, and reduces or prevents aggregation of abnormal Tau proteins by reducing oxidative stress and neuroinflammation, and therefore, treats progressive supranuclear palsy.

Adiponectin affects glucose and lipid metabolism, insulin sensitivity, and inflammation. Yamauchi T, et al., Adiponectin stimulates glucose utilization and fatty-acid oxidation by activating AMP-activated protein kinase. *Nat Med.* 2002; 8:1288-1295; Berg A H, et al., The adipocyte-secreted protein Acrp30 enhances hepatic insulin action. *Nat Med.* 2001; 7:947-953; and Yamauchi T, et al., Targeted disruption of AdipoR1 and AdipoR2 causes abrogation of adiponectin binding and metabolic actions. *Nat Med.* 2007; 13:332-339. Additionally, adiponectin targets the central nervous system and it also modulates appetite and energy homeostasis. Moreover, adiponectin stimulates food intake. Kubota N, et al., Adiponectin stimulates AMP-activated protein kinase in the hypothalamus and increases food intake. *Cell Metab.* 2007; 6:55-68. Since subjects with progressive supranuclear palsy suffer weight loss, administration of INT131 to increase adiponectin and stimulate food intake treats subjects with progressive supranuclear palsy.

PSP has been associated with increased oxidative stress and neuroinflammation. Specifically, malondialdehyde, a biomarker for oxidative stress, has been demonstrated to be elevated in neurons in areas of the brain affected by PSP, but not in unaffected areas. Albers DS, et al., Frontal lobe dysfunction in progressive supranuclear palsy: evidence for oxidative stress and mitochondrial impairment, *J Neurochem.* 2000 February; 74(2):878-81. Further, the cortex of PSP patients show a 39% decrease in ketoglutarate dehydrogenase/glutamate dehydrogenase ratio, which is indicative of oxidative stress to those areas. Albers, et al. 2000. Finally, patients affected with PSP demonstrate abnormal lipid peroxidation and protein peroxidation, hallmarks of oxidative stress. Odetti P, et al., Lipoperoxidation is selectively involved in progressive supranuclear palsy, *J Neuropathol Exp Neurol.* 2000 May; 59(5):393-7.

Activated microglia and astrocytes, which are associated with neuroinflammation, have been found in affected areas of the brain in PSP patients. Ferrer I, et al., Phosphorylated map kinase (ERK1, ERK2) expression is associated with early tau deposition in neurons and glial cells, but not with increased nuclear DNA vulnerability and cell death, in Alzheimer disease, Pick's disease, progressive supranuclear palsy and corticobasal degeneration, *Brain Pathol.* 2001 April; 11(2):144-58. Recent studies have shown a region-specific upregulation of IL-1 β in the substantia nigra of PSP patients, as compared to either Parkinson's disease or Alzheimer's Disease brains. Moreover, further other markers of neuroinflammation, including TNF α , and IL-6 have been found to be elevated in affected areas of the brain in PSP patients, whereas the anti-inflammatory cytokines TGF β and IL-10 are not elevated. Fernandez-Botran R, et al., Cytokine expression and microglial activation in progressive supranuclear palsy, *Parkinsonism Relat Disord.* 2011 November; 17(9):683-8.

PPAR γ agonists, including INT131, have been shown to inhibit both oxidative stress and neuroinflammation in animal models and humans. Specifically, this inhibition has been demonstrated for: pioglitazone and rosiglitazone for ischemic stroke with reperfusion, Collino M, et al., Modulation of the oxidative stress and inflammatory response by PPAR-gamma agonists in the hippocampus of rats exposed to cerebral ischemia/reperfusion, *Eur J Pharmacol.* 2006 Jan. 13; 530 (1-2): 70-80; pioglitazone and rosiglitazone for

traumatic brain injury, Kapadia R, et al., Mechanisms of anti-inflammatory and neuroprotective actions of PPAR-gamma agonists, *Front Biosci.* 2008 Jan. 1; 13:1813-26; INT131 for type-2 diabetes mellitus, Lee, D H, et al., Selective PPAR γ modulator INT131 normalizes insulin signaling defects and improves bone mass in diet-induced obese mice. *Am J Physiol Endocrinol Metab.* 2012; 302: 552-560; and INT131 for multiple sclerosis, US Patent Application Publication 2014/0213612.

Notably, there are disadvantages to treating humans with rosiglitazone and pioglitazone. Avandia (rosiglitazone) is only approved for treating patients with type 2 diabetes and increases the risk of: heart failure, cardiovascular events in individuals with heart failure, edema, weight gain, macular edema, bone fractures, decreases in hemoglobin and hemocrit, and other adverse events. Moreover, Avandia does not cross the blood-brain-barrier. Avandia package insert, September 2016. Since only 9-14% of rosiglitazone crosses the blood brain barrier, it may have limited efficacy or require more frequent and higher doses to adequately treat neurological disorders such as progressive supranuclear palsy. Like Avandia, Actos (pioglitazone) is only approved for treating patients with type 2 diabetes. Actos also carries several serious warnings and precautions including: increased risk of fluid retention leading to congestive heart failure, hypoglycemia, sometimes fatal hepatic failure, bladder cancer, edema, bone fractures, macular edema, and other adverse events. Actos package insert, December 2016. Notably, unlike the two commercially available PPAR- γ ligands, rosiglitazone and pioglitazone, INT131 readily crosses the blood brain barrier.

Despite data for full PPAR γ agonists decreasing oxidative stress and neuroinflammation, the benefits of INT131 is surprising since it was unknown if the selective PPAR γ pathway activation of INT131 would treat PSP.

Accordingly, it is surprising and unexpected that INT131 treats progressive supranuclear palsy.

In one embodiment, INT131 reduces the signs and symptoms of progressive supranuclear palsy. INT131 reduces one or more sign or symptom of progressive supranuclear palsy. In a further embodiment, the reduction of the signs and symptoms of progressive supranuclear palsy is reduction in the number of the signs and symptoms of progressive supranuclear palsy. In yet a further embodiment, the reduction of the signs and symptoms of progressive supranuclear palsy is reduction in the severity or degree of at least one sign or symptom of progressive supranuclear palsy. In still a further embodiment, the reduction of the signs and symptoms of progressive supranuclear palsy is reduction in the duration of at least one sign or symptom of progressive supranuclear palsy.

In another embodiment, the onset of a sign or symptom of progressive supranuclear palsy is prevented or delayed in a subject with progressive supranuclear palsy upon administration of INT131 to the subject with progressive supranuclear palsy.

In one embodiment, INT131 reduces neural inflammation in a subject with progressive supranuclear palsy.

In one embodiment, INT131 is neuroprotective in a subject with progressive supranuclear palsy. In another embodiment, INT131 treats neuronal degeneration. In another embodiment, INT131 reduces atrophy or degeneration of the brain in subjects with progressive supranuclear palsy. In a further embodiment, INT131 reduces atrophy or degradation of the substantial nigra, globus pallidus, subthalamic nucleus and or cerebellum.

In one embodiment, INT131 reduces or prevents weight loss in a subject with progressive supranuclear palsy. In another embodiment, INT131 increases appetite in a subject with progressive supranuclear palsy.

In another embodiment, INT131 treats metabolic dysfunction in a subject with progressive supranuclear palsy. In yet a further embodiment, INT131 increases adiponectin levels in a subject with progressive supranuclear palsy. In another embodiment, INT131 improves or increases glucose metabolism in a subject with progressive supranuclear palsy. In another embodiment, INT131 reduces hyperglycemia in a subject with progressive supranuclear palsy.

In another embodiment, INT131 improves mitochondrial function. In a further embodiment, INT131 improves mitochondrial calcium handling, and mitochondrial trafficking. In yet a further embodiment, INT131 increases the expression of peroxisome proliferator-activated receptor gamma coactivator 1-alpha (PGC-1a) and mitochondrial biogenesis. This results in improved behavior, improved survival (i.e. lifespan) and reduced brain degeneration in a subject with progressive supranuclear palsy.

In another embodiment, INT131 reduces the aggregation of abnormal Tau protein, or fragments of Tau protein, in a subject with progressive supranuclear palsy. In a further embodiment, INT131 ameliorates the reduction of neuroprotective proteins in the brain. In yet a further embodiment, INT131 reduces the reduction of brain-derived neurotrophic factor and Bcl 2.

In another embodiment, a period of time during which the therapeutic effects of INT131 are observed in a subject with progressive supranuclear palsy comprises 1 week, 2 weeks, 3 weeks, 4 weeks, 1 month, 2 months, 3 months, 4 months, 5 months, 6 months, 7 months, 8 months, 9 months, 10 months, 11 months, 1 year, 1.25 years, 1.5 years, 1.75 years, 2 years, 2.25 years, 2.5 years, 2.75 years, 3 years, 3.5 years, 4 years, 4.5 years, and 5 years.

In one embodiment, INT131 is in the form of a besylate salt.

In another embodiment, the therapeutically effective amount is from about 0.1 to about 10 milligrams. In another embodiment, the therapeutically effective amount is from about 1 to about 4 milligrams. In another embodiment, the therapeutically effective amount is from about 2 to about 3 milligrams.

In another embodiment, a composition comprising a therapeutically effective amount of INT131 is administered to a subject in need thereof at an interval that includes, but is not limited to, twice a day, daily, every other day, three times a week, twice a week, weekly, every other week, twice a month, monthly, and every other month.

In another embodiment, a composition comprising a therapeutically effective amount of INT131 is administered orally to a subject. In yet another embodiment, the composition is substantially the same as those disclosed in US Patent Application Publication 2013-0243865, the disclosure of which is expressly incorporated herein by reference.

In one embodiment, INT-131 is as effective, or more effective, treating progressive supranuclear palsy than other therapies. These therapies include therapies approved for treating progressive supranuclear palsy and those in development for treating progressive supranuclear palsy. These therapies include, but are not limited to, medications to treat movement disorders, medications to treat psychiatric disorders, psychotherapy, speech therapy, physical therapy, and occupational therapy.

Medications to treat movement disorders include, but are not limited to, tetrabenazine, antipsychotic drugs, such as

haloperidol, chlorpromazine, risperidone, and quetiapine, and other medications such as amantadine, levetiracetam, and, clonazepam.

Medications to treat psychiatric disorders include, but are not limited to, antidepressants such as citalopram, fluoxetine, and sertraline, antipsychotic drugs such as quetiapine, risperidone, and olanzapine, and mood-stabilizing drugs, including anticonvulsants, such as valproate, carbamazepine, and lamotrigine.

Psychotherapy includes, but is not limited to, talk therapy to help a subject manage behavioral problems, depression, and suicidal thoughts.

Speech therapy includes, but is not limited to, improving a subject's ability to speak clearly, and improve function and control of muscles used for eating and swallowing.

Physical therapy includes, but is not limited to, enhancing strength, flexibility, balance and coordination, reducing the risk of falls, and improve posture to lessen the severity of movement problems.

Occupational therapy includes, but is not limited to, use of assistive devices that improve functional abilities such as handrails, and eating and drinking utensils for subjects with diminished motor skills.

In another embodiment, INT-131 is administered to a subject in need thereof in combination with one or more therapies listed herein.

Also provided herein are methods of treating a subject that include: selecting a subject identified or diagnosed as having PSP (e.g., any of the types of PSP described herein) (e.g., using any of the techniques for identifying or diagnosing PSP described herein) and administering a therapeutically effective dose of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof, to the selected subject. In some embodiments of these methods, the subject identified or diagnosed as having PSP did not benefit from a previously administered (different) therapeutic treatment for PSP.

Also provided herein are methods of treating a subject that include: selecting a subject identified as having an increased risk of developing PSP (e.g., any of the types of PSP described herein) (e.g., using any of the techniques for identifying a subject having an increased risk of developing PSP described herein) and administering a therapeutically effective dose of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof, to the selected subject.

Also provided herein are methods of treating a subject that include: diagnosing or identifying a subject as having PSP (e.g., any of the types of PSP described herein) or having an increased risk of developing PSP (e.g., any of the types of PSP described herein) (e.g., by performing any of the techniques for diagnosing or identifying a subject as having PSP described herein or known in the art, or by performing any of the techniques for identifying a subject as having an increased risk of developing PSP described herein or known in the art), and administering a therapeutically effective dose of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof, to the diagnosed or identified subject.

In some embodiments of any of the methods of treatment described herein, the method can result in a decreased risk of developing comorbidity in the subject (e.g., as compared to the risk of developing comorbidity in a similar subject having a similar neurological disorder (e.g., PSP), but administered a different treatment). Some embodiments of any of the methods described herein can further include administering to the subject an agent that alleviates a nega-

tive side effect of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof, in the subject (e.g., weight loss or mood swings).

In some embodiments of any of the methods of treatment described herein, the method can result in increasing the life span of the subject (e.g., as compared to a similar subject having a similar neurological disorder (e.g., PSP), but receiving a different treatment). In some embodiments of any of the methods of treatment described herein, the method results in an improvement in the motor function of the subject (e.g., as compared to the motor function of the subject prior to treatment).

Some embodiments of any of the methods of treatment described herein further can include administering to the subject an agent for treating depression, obsessive-compulsive behavior, and/or apathy. Some embodiments of any of the methods described herein can further include administering to the subject an agent that alleviates eye irritation and/or eye closure symptoms. Some embodiments of any of the methods described herein can further include administering to the subject a treatment for reducing weight loss or a treatment for reducing the risk of developing aspiration pneumonia.

Also provided are methods of reducing the rate of progression of PSP in a subject (e.g., as compared to a similar subject having a similar stage of PSP but administered a different treatment) that include: identifying a subject having an early stage of PSP (e.g., pre-symptomatic PSP or suggestive-of-PSP) (e.g., by performing any of the techniques for determining the stage of PSP described herein); and administering a therapeutically effective dose of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof, to the identified subject.

Also provided are methods of reducing the rate or progression of PSP in a subject (e.g., as compared to a similar subject having a similar stage of PSP but administered a different treatment) that include administering a therapeutically effective dose of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof, to a subject identified or diagnosed as having an early stage of PSP (e.g., pre-symptomatic PSP or suggestive-of-PSP) (e.g., using any of the techniques described herein).

Also provided herein are methods of selecting a treatment for a subject that include: selecting a subject identified or diagnosed as having PSP (e.g., any of the types of PSP described herein) (e.g., using any of the techniques for identifying or diagnosing PSP in a subject described herein), and selecting a therapeutically effective dose of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof, for the selected subject.

Also provided herein are methods of selecting a subject for treatment with a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof, that include: selecting a subject identified as having an increased risk of developing PSP (e.g., any of the types of PSP described herein) (e.g., using any of the techniques for identifying a subject as having an increased risk of developing PSP described herein or known in the art); and selecting the selected subject for treatment with a therapeutically effective dose of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof.

Also provided herein are methods of determining the efficacy of treatment in a subject having PSP that include: (a) determining a first level of one or more biomarkers (e.g., by performing an immunoassay) in a sample obtained from the subject at a first time point; (b) administering a therapeutically effective amount of a compound of formula (I), or a

pharmaceutically acceptable salt, prodrug, or isomer thereof to the subject after the first time point; and (c) determining a second level of the one or more biomarkers (e.g., by performing an immunoassay) in a sample obtained from the subject at a second time point, where the second time point occurs after the first time point and after step (b), wherein the administered compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof, is identified as being effective if the second level is about the same, is decreased as compared to the first level, or is within $\pm 20\%$ (e.g., within $\pm 15\%$, within $\pm 10\%$, or within $\pm 5\%$) of the first level. In some embodiments, the methods for determining the efficacy of treatment in a subject having PSP include: (a) determining a first level of neuro-filament light chain (e.g., by performing an immunoassay) in a sample comprising blood or cerebrospinal fluid obtained from the subject at a first time point; (b) administering a therapeutically effective amount of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof to the subject after the first time point; and (c) determining a second level of neuro-filament light chain (e.g., by performing an immunoassay) in a sample comprising blood or cerebrospinal fluid obtained from the subject at a second time point, where the second time point occurs after the first time point and after step (b), wherein the administered compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof, is identified as being effective if the second level is about the same, is decreased as compared to the first level, or is within $\pm 20\%$ (e.g., within $\pm 15\%$, within $\pm 10\%$, or within $\pm 5\%$) of the first level.

Also provided herein are methods of monitoring a subject having PSP receiving a treatment including a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof, that include: determining two or more levels of a biomarker (e.g., by performing an immunoassay) on different samples comprising blood or cerebrospinal fluid obtained from a subject having PSP (e.g., any of the types of PSP described herein) at different time points. In some embodiments, the biomarker is neurofilament light chain. Some embodiments of these methods can further include performing MRI, CT scan, or PET scan on the subject's brain.

In some embodiments, methods of determining the efficacy of treatment or the methods of monitoring a subject can further include assessing the severity, duration, and/or frequency of one or more additional symptoms of PSP in the subject (e.g., any of the symptoms of PSP described herein using any of the exemplary techniques or metrics described herein).

Some embodiments of any of the methods described herein can further include administering physical therapy, speech and language therapy, occupational therapy, and/or an antidepressant to the subject,

Also provided herein are methods of treating a subject that include selecting a subject (e.g., any of the subjects described herein) having an elevated level of neurofilament light chain protein in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject, as compared to a reference level of neurofilament light chain protein (e.g., any of the reference levels of neurofilament light chain protein described herein); and administering a pharmaceutical composition including a therapeutically effective amount of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof (e.g., using any of the doses or frequencies of administration described herein), to the selected subject.

Also provided are methods of selecting a treatment for a subject (e.g., any of the subjects described herein) that include identifying a subject having an elevated level of neurofilament light chain protein in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject, as compared to a reference level of neurofilament light chain protein (e.g., any of the exemplary reference levels of neurofilament light chain protein described herein); and selecting a pharmaceutical composition including a therapeutically effective amount of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof, for the identified subject.

Provided herein are methods of selecting a subject for treatment that include: identifying a subject (e.g., any of the subjects described herein) having an elevated level of neurofilament light chain protein in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject, as compared to a reference level of neurofilament light chain protein (e.g., any of the exemplary reference levels of neurofilament light chain protein described herein); and selecting the identified subject for treatment with a pharmaceutical composition including a therapeutically effective amount of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof.

Provided herein are methods of selecting a subject for participation in a clinical trial that include: identifying a subject (e.g., any of the subjects described herein) having an elevated level of neurofilament light chain protein in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject, as compared to a reference level of neurofilament light chain protein (e.g., any of the exemplary reference levels of neurofilament light chain protein described herein); and selecting the identified subject for participation in a clinical trial that includes administration of a pharmaceutical composition comprising a therapeutically effective amount of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof.

Provided herein are methods of predicting the efficacy of a treatment in a subject (e.g., any of the subjects described herein) that include: determining a level of neurofilament light chain protein level in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject; and determining that a treatment with a pharmaceutical composition including a therapeutically effective amount of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof, is more likely to be effective in a subject having an elevated level of neurofilament light chain protein in the sample as compared to a reference level of neurofilament light chain protein (e.g., any of the exemplary reference levels of neurofilament light chain protein described herein), as compared to a subject not having an elevated level of neurofilament light chain protein in a sample including blood, serum, or plasma as compared to the reference level of neurofilament light chain protein.

Provided herein are methods of determining the efficacy of a treatment in a subject (e.g., any of the subjects described herein) that include: determining a first level of neurofilament light chain protein level in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject at a first time point; determining a second level of neurofilament light chain protein level in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject at a second time point, where the subject received at least one (e.g., at least two, at least three, at least four, at least five, at least six, at least seven, at least eight, at least nine, or at least ten) dose of a pharmaceutical composition

including a therapeutically effective amount of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof, between the first and the second time points; and identifying the pharmaceutical composition as being effective in a subject having a reduced second level of neurofilament light chain protein as compared to the first level of neurofilament light chain protein.

Provided herein are methods of treating a subject that includes: selecting a subject (e.g., any of the subjects described herein) having an elevated second level of neurofilament light chain protein in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject at a second time point, as compared to a first level of neurofilament light chain protein in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject at a first time point; and administering a pharmaceutical composition including a therapeutically effective amount of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof, to the selected subject.

Provided herein are methods of selecting a treatment for a subject that include identifying a subject (e.g., any of the subjects described herein) having an elevated second level of neurofilament light chain protein in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject at a second time point, as compared to a first level of neurofilament light chain protein in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject at a first time point; and selecting a pharmaceutical composition including a therapeutically effective amount of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof, for the identified subject.

Also provided herein are methods of selecting a subject for treatment that include: identifying a subject (e.g., any of the subjects described herein) having an elevated second level of neurofilament light chain protein in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject at a second time point, as compared to a first level of neurofilament light chain protein in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject at a first time point; and selecting the identified subject for treatment with a pharmaceutical composition including a therapeutically effective amount of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof.

Also provided herein are methods of selecting a subject for participation in a clinical trial that include: identifying a subject (e.g., any of the subjects described herein) having an elevated second level of neurofilament light chain protein in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject at a second time point, as

compared to a first level of neurofilament light chain protein in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject at a first time point; and selecting the identified subject for participation in a clinical trial that includes administration of a pharmaceutical composition including a therapeutically effective amount of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof.

Unless otherwise defined, all technical and scientific terms used herein have the same meaning as commonly understood by one of ordinary skill in the art to which this invention belongs. Methods and materials are described herein for use in the present invention; other, suitable methods and materials known in the art can also be used. The materials, methods, and examples are illustrative only and not intended to be limiting. All publications, patent applications, patents, sequences, database entries, and other references mentioned herein are incorporated by reference in their entirety. In case of conflict, the present specification, including definitions, will control. Other features and advantages of the invention will be apparent from the detailed description and figures, and from the claims.

Neurofilament Light Chain Protein and Methods of Detecting Neurofilament Light Chain Protein

Neurofilaments are type IV intermediate filaments and heteropolymers. Neurofilaments are expressed in the brain and are unique to neuronal cells. Neurofilaments in the central nervous system include neurofilament heavy chain (NFH), neurofilament medium chain (NFM), neurofilament light chain (NFL), and α -internexin. Neurofilaments in the peripheral nervous system comprise NFH, NFM, NFL, and peripherin. Neurofilaments are vital for the maintenance of axon caliber, axon radial growth, and the intracellular transport of electrical impulses along axons (Eyer and Peterson, *Neuron* 12: 389-405, 1994; Ohara et al., *J. Cell Biol.* 121: 387-395, 1993; Zhu et al., *Exp. Neurol.* 148: 299-316, 1997).

Mutations in the NFL gene have been shown to cause Charcot-Marie Tooth disease, demyelinating type 1F (CMT1F), and Charcot-Marie Tooth disease, axonal type 2E (CMT2). Mutations in the NFL gene affect the assembly of neurofilaments in neurons (Sasaki et al., *Hum. Mol. Genet.* 15: 943-952, 2006; and Yates et al., *Eur. J. Cell Biol.* 88: 193-202, 2009).

Together with the medium and heavy subunits, neurofilament light chain represents one of the scaffolding proteins of the neuronal cytoskeleton (Teunissen et al., *Mult. Scler.* 18(5):552-556, 2012) and is released in the extracellular space following axonal damage.

The cDNA sequence and protein sequence of human neurofilament light chain is provided in SEQ ID NO: 1 and SEQ ID NO: 2, respectively. The cDNA sequence and protein sequence of mouse neurofilament light chain is provided in SEQ ID NO: 3 and SEQ ID NO: 4, respectively.

Human neurofilament light chain cDNA sequence

(SEQ ID NO: 1)

ATGAGTTCTCTCAGCT ACGAGCCGTA CTA CTCTGACC TCCTACAAGC GGCCTACGT

GGAGACGCCCCGGGTGCACA TCTCCAGCGT GCGCAGCGGC TACAGCACCG

CACGCTCAGC TTACTCCAGCTACTCGGCGC CGGTGTCTTC CTCGCTGTCC

GTGCGCCGCA GCTACTCTC CAGCTCTGGATCGTTGATGC CCAGTCTGGA

GAACCTCGAC CTGAGCCAGG TAGCCGCCAT CAGCAACGACCTCAAGTCCA

TCCGCACGCA GGAGAAGGCG CAGCTCCAGG ACCTCAATGA CCGCTTCGCC

-continued

CGCGTACTCCAGCTACTCCGCGCCGGTCTCCTCCTCGCTGTCCGTGCGCCGCAGCTA
 CTCGTCCAGCTCTGGCTCTTTGATGCCAGCCTGGAGAATCTCGATCTGAGCCAGGT
 AGCCGCCATCAGCAACGACCTCAAGTCTATCCGCACACAAGAGAAGGCACAGCTGC
 AGGACCTCAACGATCGCTTCGCCAGCTTCATCGAGCGGTGCACGAGCTGGAGCAG
 CAGAACAAGGTCCTGGAAGCCGAGCTGTTGGTGTGCGCCAGAAACTCTGAGCC
 TTCCCGCTTCCGCGCCCTGTACGAGCAGGAGATCCGCGATCTGCGGCTGGCAGCGGA
 AGACGCCACTAACGAGAAGCAGGCGCTGCAGGGCAGCGCAGGGGCTGGAGGAG
 ACTCTGCGCAACCTGCAGGCTCGCTATGAGGAAGAAGTGTGAGCCGCGAGGACGC
 CGAGGGCCGGCTGATGGAAGCGCGCAAAGGTGCGGATGAGGCCGCGCTCGCCGCG
 CCGAGCTGGAGAAGCGCATCGACAGCCTGATGGACGAGATAGCTTTCCTGAAGAAG
 GTGCACGAGGAAGAGATCGCCGAGCTGCAGGCTCAGATCCAGTATGCTCAGATCTC
 CGTGGAGATGGACGTCTCCTCAAGCCCGACCTCTCCCGCTCTCAAGGACATCCG
 CGCTCAGTACGAGAAGCTGGCCGCAAGAACATGCAGAACGCCGAAGAGTGGTTCA
 AGAGCCGCTTCAACGTGCTAACCGAGAGCGCCGCCAAGAACACCGACGCTGTGCGC
 GCTGCCAAGGACGAGGTGTGGAAAGCCGCGCCTGCTCAAGGCTAAGACCTGGA
 GATCGAAGCCTGCCGGGTATGAACGAAGCTCTGGAGAAGCAGCTGCAGGAGCTAG
 AGGACAAGCAGAATGCAGACATTAGCGCCATGCAGGACACAATCAACAACTGGA
 GAATGAGCTGAGAAGCACGAAGAGCGAGATGGCCAGGTACCTGAAGGAGTACCAG
 GACCTCCTCAATGTCAAGATGGCCTTGACATCGAGATGCGAGCTTACAGAAACTC
 TTGGAAGGCGAAGAGACCAGGCTCAGTTTACCAGCGTGGGTAGCATAACCAGCGG
 CTACTCTCAGAGCTCGCAGGTCTTCGGCCGTTCTGCTTACAGTGGCTTGCAGAGCAG
 CTCCTACTTGATGTCTGCTCGCTCTTCCAGCCTACTATAACCAGCCACGTCCAGGAA
 GAGCAGACAGAGGTGAGGAGACCATTGAGGCTACGAAAGCTGAGGAGGCCAAGG
 ATGAGCCCCCTCTGAAGGAGAAGCAGAAGAGGAGGAGAAGGAGAAGAGGAGGG
 AGAGGAAGAGGAAGCGCTGAGGAGGAAGAAGCTGCCAAGGATGAGTCTGAAGAC
 ACAAAGAAGAAGAAGAGGTGGTGGGGTGGAGGGAAGACACCAAAGAATCTG
 AAGAGGAAGAGAAGAAGAGGAGAGTGTGGAGAGGAGCAGGTGGCTAAGAAGA
 AAGATTGA

Mouse neurofilament light chain amino acid sequence
 (SEQ ID NO: 4)
 MSSFGYDPYFSTSYKRRYVETPRVHISSVRSYGSTARSAYSSYSAPVSSLSVRRSYSSSS
 GSLMPSLENLDLSQVA AISNDLKSIRTQEKAQLQLNDRFASFIERVHELEQQNKVLEAE
 LLVLRQKHSEPSRFRLYEQEI RDLRLAAEDATNEKQALQGEREGLEETLRNLQARYEE
 EVLSREDAEGRLEARKGADEAALARAELEKRIDSLMDEIAFLKKVHEEEIAELQAQIQ
 YAQISVEMDVSSKPDLSAALKDIRAQYEKLAAKNMQNAEWFKSRFTVLTESAAKNTD
 AVRAAKDEVSESRLLKAKTLEIEACRGMNEALEKQLQLEEDKQADISAMQDTINKLE
 NELRSTKSEMARYLKEYQDLLNVKALDIEIAAYRKLLEGEETRLSFTSVGSITSGYSQS
 SQVFRSAYSGLQSSSYLSARSFPAYYTSHVQEEQTEVEETIEATKABEAKDEPPSEGE
 AEEEEKEKEGEEEGAEAAAAKDESEDTKEEEGGEGEEDTKESEEEEKKEESAGEE
 QVAKKDD

Some embodiments of any of the methods described herein can include a step of performing an assay to determine a level or levels (e.g., first and second level) of neurofilament light chain protein in a sample or samples (e.g., samples obtained from the subject at a first and a second time point). Non-limiting assays that may be used to detect a level or levels of neurofilament light chain are described herein. Additional assays that may be used to detect a level or levels of neurofilament light chain are known in the art.

A commercially-available enzyme-linked immunosorbent assay (UmanDiagnostics) can be used to measure a level or levels of neurofilament light chain protein in a sample or samples including cerebrospinal fluid, blood, serum, or plasma from a subject. An electrochemiluminescence (ECL)-based assay can also be used to detect a level or levels of neurofilament light chain. See, e.g., Lycke et al., *J. Neurol. Neurosurg. Psychiatry* 64(3):402-404, 1998; Teunissen et al., *Neurology* 72(15):1322-1329, 2009; Disanto et al., *J. Neurol. Neurosurg. Psychiatry* 87(2):126-129, 2015; and Kuhle et al., *Mult. Scler.* 22(12): 1550-1559, 2016). Another assay that can be performed to detect a level or levels of neurofilament light chain protein is a single-molecule array (Simoa) assay, which is described in detail in Kuhle et al., *Clin. Chem. Lab Med.* 54(10): 1655-166, 2016; and Gisslen et al., *EBioMedicine* 3:135-140, 2016). A Simoa assay for neurofilament light chain is commercially available from Quanterix (NF-LIGHT®). The NF-LIGHT® Quanterix Simoa assay has been used to detect levels of neurofilament light chain protein in samples including cerebrospinal fluid, blood, serum, or plasma from human subjects. The antibodies used in the NF-LIGHT® Quanterix Simoa assay (obtained from UmanDiagnostics, Umea, Sweden) show cross-reactivity with human, mouse, bovine, and macaque neurofilament light chain proteins. The NF-LIGHT® Quanterix Simoa assay is a digital immunoassay.

Additional non-limiting assays that can be used to detect a level of neurofilament light chain protein in a sample include: enzyme-linked immunosorbent assay (ELISA), sensitive sandwich ELISA assay, electrochemiluminescence (ECL)-based assay, mass spectrometry (MS), western blotting, fluorescence-activated cell sorting (FACS), immunohistochemistry.

Other assays that can be used to detect a level or levels of neurofilament light chain in a sample obtained from a subject (e.g., any of the exemplary samples described herein) include immunoassays (e.g., enzyme-linked immunosorbent assays, sandwich enzyme-linked immunosorbent assays, and immunoprecipitation) and proteomic techniques. Detecting Neurofilament Light Chain Protein

Assay for Detecting Neurofilament Light Chain (NFL) in Serum, Plasma, or Blood Samples

Single-molecule array (Simoa) assay is a highly sensitive assay that allows accurate quantification of low neurofilament light chain concentrations (Disanto et al., *Ann. Neurol.* 81(6):857-870, 2017; Rohrer et al., *Neurology* 87(13):1329-1336, 2016; and Novakova et al., *Neurology* 89(22): 2230-2237, 2017).

Capture monoclonal antibody (mAB) 47: 3 is buffer exchanged and diluted to 0.3 mg/mL 4×10^6 paramagnetic beads (Quanterix Corporation) are buffer exchanged and activated using 0.5 mg/mL 1-ethyl-3-(3-dimethylaminopropyl) carbodiimide (Quanterix), followed by a 30-minute incubation at room temperature (HulaMixer, Thermo Fischer Scientific). The diluted capture mAB 47:3 is conjugated with the washed and activated paramagnetic beads for a 2-hour incubation at room temperature on a mixer. After the

incubation, the beads are washed three times using a magnetic separator and blocked. Next, the conjugated beads are suspended and stored at 4° C.

The Simoa assay is run on a Simoa HD-1 instrument (Quanterix) using a two-step Assay Neat 20 protocol. Briefly, 100 μ L of calibrator/sample in Tris-buffered saline (TBS), 0.1% Tween 20, 1% milk powder, 400 m/mL Heteroblock (Omega Biologicals), 25 μ L conjugated beads in TBS, 0.1% Tween 20, 1% milk powder, 300 m/mL Heteroblock, and 20 μ L of mAB 2:1 (0.1 m/mL in TBS, 0.1% Tween 20, 1% milk powder, 300 m/mL Heteroblock) are incubated for 35 minutes 15 seconds (47 cadences with 1 cadence is 45 seconds). Next, the mixture is washed. Then, 100 μ L of streptavidin-conjugated β -galactosidase (150 pM; Quanterix) is added, followed by a 5 minutes 15 second (7-cadence) incubation and wash. The mixture will then be placed on a Simoa HD-1 instrument. Prior to reading, 25 μ L Resorufin β -D-galactopyranoside (Quanterix) is added. The calibrator curve is constructed using the standard from the NFL ELISA (NF-light, UmanDiagnostics). Samples and calibrators are measured in duplicates.

NFL levels are log-transformed to meet the normal assumption. The distribution of sNFL in healthy control is modeled by means of Generalized Additive Models for Location, Scale, and Shape (GAMLSS) using a Box-Cox t distribution according to Rigby and Stasinopoulous, *Stat Med* 23: 3053-3076, 2004, and cubic splines and percentile curves are obtained.

To quantify, intra- and interassay variability, bootstrapping is applied by drawing 100 random samples from the healthy controls.

Linear regression models are used to investigate the associations with log sNFL. Linear generalized estimating equation (GEE) models are similarly used to investigate associations with log sNFL.

Blood NFL Measurements by Ultrasensitive Simoa Assay
Serum Nfl levels are investigated in longitudinal blood samples.

A commercially available ELISA (UmanDiagnostics NF-light® assay) uses two highly specific, non-competing monoclonal antibodies (47:3 and 2:1) to quantify soluble NFL in cerebrospinal fluid (CSF) samples. Using this assay to analyze CSF samples, it was found that NFL is more sensitive than NFH to distinguish patients in different stages of MS versus controls (Kuhle et al., *Mult Scler* 19:1597-1603, 2013). Together with UmanDiagnostics a highly sensitive electrochemiluminescence (ECL)-based NFL assay was developed suitable for the quantification of NFL in serum at concentrations relevant to clinical settings (Gaiotino et al., *PLoS One* 2013; 8(9): e75091, 2013; and Disanto et al., *J Neurol Neurosurg Psychiatry* 87(2): 126-129, 2015). The HD-1 analyzer relies on single-molecule arrays (Simoa) and the simultaneous counting of singulated capture microbeads (Rissin et al., *Nat Biotechnol* 28:595-599, 2010). The instrument integrates established paramagnetic microbead-based reagent robotics with a novel imaging module that digitizes the immunoassay with an array consumable and optical system at a cost similar to that of conventional immunoassay platforms (Wilson et al., *J Lab Autom* 21(4): 533-547, 2015). The system can accommodate user-developed custom reagents and assay protocols, as well as a menu of pre-validated assay kits. Across a range of immunoassays covering several disease areas, the fully automated Simoa assays exhibited ≥ 4 logs of measurement range, single digit CVs, and sensitivities in the femtogram per milliliter range (Wilson et al., *J Lab Autom* 21(4): 533-547, 2015). Thus, the Simoa HD-1 Analyzer is approximately 3 logs more sensi-

tive than conventional fluorescence, chemiluminescence, and ECL immunoassay instrumentation.

Reference Levels

In some embodiments of any of the methods described herein, the reference level can be a level of neurofilament light chain protein detected in a similar sample obtained from a subject (e.g., a subject who is between 18 to 70 years of age), that has not been diagnosed or identified as having a neurological disorder (e.g. MS) or neural tissue damage, and does not have a family history of a neurological disorder (e.g., MS) or neural tissue damage. In some embodiments, a reference level can be threshold level of neurofilament light chain protein.

A reference level of neurofilament light chain protein (e.g., for samples including serum) is about 10 pg/mL to about 35 pg/mL (e.g., about 10 pg/mL to about 30 pg/mL, about 10 pg/mL to about 25 pg/mL, about 10 pg/mL to about 20 pg/mL, 10 pg/mL to about 15 pg/mL, 15 pg/mL to about 35 pg/mL about 15 pg/mL to about 30 pg/mL, about 15 pg/mL to about 25 pg/mL, about 15 pg/mL to about 20 pg/mL, about 20 pg/mL to about 35 pg/mL, about 20 pg/mL to about 30 pg/mL, about 20 pg/mL to about 25 pg/mL, about 25 pg/mL to about 35 pg/mL, or about 25 pg/mL or about 30 pg/mL).

In some embodiments, a reference level of neurofilament light chain protein can be a percentile value (e.g., mean value, 99% percentile, 95% percentile, 90% percentile, 85% percentile, 80% percentile, 75% percentile, 70% percentile, 65% percentile, 60% percentile, 55% percentile, or 50% percentile) of the levels of neurofilament light chain protein detected in similar samples in a population of healthy subjects (e.g., subjects that are not diagnosed or identified as having a disease (e.g., any of the neurological disorders described herein or neural tissue damage), do not present with a symptom of a disorder or disease (e.g., a neurological disease or disorder), and are not considered to have an elevated risk of developing a neurological disease or disorder).

In some embodiments, a reference level can be the level of neurofilament light chain detected in a similar sample obtained from the subject at an earlier time point.

CHS-131 (INT-131)

CHS-131 is an exemplary compound of formula (I).

In one aspect, CHS-131 reduces neural inflammation in a subject having been diagnosed as having a neurological disorder (e.g., multiple sclerosis (MS), relapsing-remitting MS (RRMS), or Alzheimer's disease) or neural tissue damage, or a subject that does not present with a symptom of a neurological disorder (e.g., multiple sclerosis (MS), relapsing-remitting MS (RRMS), or Alzheimer's disease) or neural tissue damage. In some embodiments, a subject can be identified or diagnosed as having an early stage of a neurological disorder or an early stage or mild neural tissue damage.

In some embodiments, administration of CHS-131 reduces atrophy or degeneration of the brain in the subject (e.g., any of the subjects described herein). In some embodiments, administration of CHS-131 reduces atrophy or degeneration of the substantia nigra, globus palladus, subthalamic nucleus and/or cerebellum in the subject (e.g., any of the subjects described herein). In some embodiments, administration of CHS-131 reduces cortical atrophy in the brain of the subject (e.g., any of the subjects described herein).

In one aspect, administration of CHS-131 decreases the risk of developing a comorbidity (e.g., cardiovascular disease, type 2 diabetes mellitus) in the subject (e.g., any of the subjects described herein).

In one embodiment, CHS-131 is as effective, or more effective, treating a neurological disorder or neural tissue damage than other therapies. These therapies include therapies approved for treating a neurological disorder or neural tissue damage (e.g., any of the neurological disorders described herein) and those in development for treating a neurological disorder or neural tissue damage (e.g., any of the neurological disorder described herein).

In some embodiments of any of the methods described herein, a pharmaceutical composition including a therapeutically effective amount of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof, can be co-administered to the subject with one or more additional treatments (e.g., any of the other exemplary treatments or therapies described herein).

Additional Methods of Treating

Provided herein are methods of treating a subject that include: selecting a subject (e.g., any of the exemplary subjects described herein) having an elevated level of neurofilament light chain protein in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject, as compared to a reference level of neurofilament light chain protein (e.g., any of the exemplary reference levels of neurofilament light chain protein described herein or known in the art); and administering a pharmaceutical composition including a therapeutically effective amount of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof, to the selected subject (e.g., e.g., CHS-131) using any of the doses or frequencies of administration described herein).

Also provided are methods of treating a subject (e.g., any of the subjects described herein) that include: selecting a subject having an elevated second level of neurofilament light chain protein in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject at a second time point, as compared to a first level of neurofilament light chain protein in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject at a first time point; and administering a pharmaceutical composition including a therapeutically effective amount of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof, to the selected subject (e.g., CHS-131, e.g., using any of the doses or frequencies of administration described herein).

Methods of Selecting a Treatment for a Subject

Provided herein are methods of selecting a treatment for a subject (e.g., any of the subjects described herein) that include: identifying a subject having an elevated level of neurofilament light chain protein in a sample comprising cerebrospinal fluid, blood, serum, or plasma obtained from the subject, as compared to a reference level of neurofilament light chain protein (e.g., any of the exemplary reference levels of neurofilament light chain protein described herein); and selecting a pharmaceutical composition including a therapeutically effective amount of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof, for the identified subject.

Also provided are methods of selecting a treatment for a subject (e.g., any of the subjects described herein) that include: identifying a subject having an elevated second level of neurofilament light chain protein in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject at a second time point, as com-

pared to a first level of neurofilament light chain protein in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject at a first time point; and selecting a pharmaceutical composition including a therapeutically effective amount of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof, for the identified subject. In any of the methods that include detecting a level of neurofilament light chain protein in a first and a second sample, one skilled in the art will appreciate that, e.g., the samples should be similar (e.g., both samples are serum samples, both samples are blood samples, both samples are plasma samples, or both samples are cerebrospinal fluid samples).

Some embodiments of these methods further include administering one or more doses (e.g., at least two, at least five, or at least ten doses) of the selected pharmaceutical composition to the identified subject. Some embodiments of these methods further include recording the selected pharmaceutical composition in the identified subject's clinical records.

Also provided herein are methods of selecting a subject for treatment that include: identifying a subject having an elevated level of neurofilament light chain protein in a sample comprising cerebrospinal fluid, blood, serum, or plasma obtained from the subject, as compared to a reference level of neurofilament light chain protein; and selecting the identified subject for treatment with a pharmaceutical composition comprising a therapeutically effective amount of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof.

Also provided are methods of selecting a subject (e.g., any of the subjects described herein) for treatment that include: identifying a subject having an elevated second level of neurofilament light chain protein in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject at a second time point, as compared to a first level of neurofilament light chain protein in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject at a first time point; and selecting the identified subject for treatment with a pharmaceutical composition including a therapeutically effective amount of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof.

Also provided herein are methods of selecting a subject (e.g., any of the subjects described herein) for participation in a clinical trial that include: identifying a subject having an elevated level of neurofilament light chain protein in a sample comprising cerebrospinal fluid, blood, serum, or plasma obtained from the subject, as compared to a reference level of neurofilament light chain protein (e.g., any of the exemplary reference levels of neurofilament light chain protein described herein); and selecting the identified subject for participation in a clinical trial that comprises administration of a pharmaceutical composition comprising a therapeutically effective amount of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof (e.g., CHS-131, e.g., using any of the doses or frequencies of administration described herein).

Also provided are methods of selecting a subject for participation in a clinical trial that include: identifying a subject (e.g., any of the subjects described herein) having an elevated second level of neurofilament light chain protein in a sample including cerebrospinal fluid, blood, serum, or plasma obtained from the subject at a second time point, as compared to a first level of neurofilament light chain protein in a sample comprising cerebrospinal fluid, blood, serum, or plasma obtained from the subject at a first time point; and

selecting the identified subject for participation in a clinical trial that comprises administration of a pharmaceutical composition comprising a therapeutically effective amount of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof (e.g., CHS-131, e.g., using any of the doses or frequencies of administration described herein).

Methods of Predicting

Provided herein are methods of predicting the efficacy of a treatment in a subject that include: determining a level of neurofilament light chain protein level in a sample comprising cerebrospinal fluid, blood, serum, or plasma obtained from the subject; and determining that a treatment with a pharmaceutical composition comprising a therapeutically effective amount of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof, is more likely to be effective in a subject having an elevated level of neurofilament light chain protein in the sample as compared to a reference level of neurofilament light chain protein, as compared to a subject not having an elevated level of neurofilament light chain protein in a sample comprising blood, serum, or plasma as compared to the reference level of neurofilament light chain protein.

In some aspects, the methods can include obtaining from the subject a second sample comprising cerebrospinal fluid, blood, serum, or plasma at a second time point and repeating the determining step.

Compositions and Kits

Also provided herein are compositions (e.g., pharmaceutical compositions) that include at least one compound of formula (I) of any of the compounds described herein and instructions for performing any of the methods described herein. In some embodiments, the compositions (e.g., pharmaceutical compositions) can be disposed in a sterile vial or a pre-loaded syringe.

In some embodiments, the compositions (e.g., pharmaceutical compositions) are formulated for different routes of administration (e.g., intracranial, intravenous, subcutaneous, or intramuscular). In some embodiments, the compositions (e.g., pharmaceutical compositions) can include a pharmaceutically acceptable salt (e.g., phosphate buffered saline). In some embodiments, the compositions (e.g., pharmaceutical compositions) can include a prodrug, or an isomer thereof. Single or multiple administrations of any of the pharmaceutical compositions described herein can be given to a subject depending on, for example: the dosage and frequency as required and tolerated by the patient. A dosage of the pharmaceutical composition should provide a sufficient quantity of the compound of formula (I) a pharmaceutically acceptable salt, prodrug, or an isomer thereof to effectively treat or ameliorate conditions, diseases or symptoms.

Also provided herein are kits containing one or more (e.g., at least 2, 3, 4, 5, 6, 7, 8, 9, 10, 12, 14, 16, 18, 20) of any of the pharmaceutical compositions described herein that include a therapeutically effective amount of a compound of formula (I), or a pharmaceutically acceptable salt, prodrug, or isomer thereof. In some embodiments, the kits can include instructions for performing any of the methods described herein. In some embodiments, the kits can include at least one dose of any of the compositions (e.g., pharmaceutical compositions) described herein. In some embodiments, the kits can provide a syringe for administering any of the pharmaceutical compositions described herein. The kits described herein are not so limited; other variations will be apparent to one of ordinary skill in the art.

The invention is further described in the following examples, which do not limit the scope of the invention described in the claims.

EXAMPLES

Example 1: INT131 is a Potent Upregulator of Adiponectin in Patients with Reduced Adiponectin Levels

Method

A randomized, double-blind, placebo-controlled, 24-week study was conducted in which adiponectin levels were measured. The study had a 2-week lead-in period, a 24-week double-blind treatment period and a 2-week follow up period. 367 subjects with type 2 diabetes (TD2)—a disease in which patient adiponectin levels are reduced—were randomly assigned to receive either 0.5, 1, 2 or 3 milligrams (“mg”) of INT131 besylate, 45 mg of pioglitazone or placebo daily for 24 weeks. To measure adiponectin levels blood was drawn at Weeks 0, 2, 6, 12 and 24.

The results of this study demonstrated that 1, 2, and 3 mg doses of INT131 caused a statistically significant reduction of HbA_{1c} levels as compared to placebo. Further, the study demonstrated that the 2 and 3 mg doses of INT131 reduced HbA_{1c} levels at least as well as 45 mg of pioglitazone, which is an FDA approved treatment for TD2. See, DePaoli, et al. Diabetes Care 2014; 37:1918-1923. Thus, 2 and 3 mg doses of INT131 would be effective in treating TD2.

Adiponectin Results

At baseline (Week 0) mean adiponectin levels were 1.94 micrograms per milliliter (“µg/mL”). The mean adiponectin levels at baseline and Week 24, and the mean change in adiponectin levels from baseline (Week 0) to Week 24 are disclosed in Table 1, below. The standard deviation for samples tested in each group is listed in (parenthesis). Mean baseline adiponectin values were similar for the treatment groups.

TABLE 1

Changes in Adiponectin Serum Levels						
Mean Adiponectin (µg/mL)	Placebo	0.5 mg INT131	1 mg INT131	2 mg INT131	3 mg INT131	45 mg Pioglitazone
n	56	56	59	60	60	57
Week 0	1.85 (1.153)	1.73 (1.190)	1.87 (1.217)	1.87 (1.098)	2.00 (1.215)	2.32 (2.185)
Week 24	1.9 (1.510)	2.28 (1.540)	3.15 (2.533)	5.14 (3.650)	5.83 (4.826)	5.28 (3.222)
Mean Change	0.05 (0.680)	0.56 (0.906)	1.28 (1.882)	3.27 (3.002)	3.83 (4.313)	2.96 (2.618)

The treatment comparisons of 1 mg, 2 mg, and 3 mg doses of INT131 with placebo were statistically significant (p≤0.0109). This demonstrates that treatment with INT131 resulted in a statistically significant increase in adiponectin levels in patients suffering from a disease in which adiponectin levels are reduced (e.g. TD2). Thus, INT131 is therapeutically effective in treating patients with diseases (e.g. progressive supranuclear palsy) in which increasing lowered adiponectin levels may be beneficial.

Additionally, the treatment comparisons of 0.5 mg, 1 mg, and 3 mg doses of INT131 with pioglitazone 45 mg were statistically significant (p≤0.0408). Thus, the dose dependent increase of adiponectin levels by INT131 is independent from the increase resulting from pioglitazone.

CONCLUSIONS

The effect of treatment on serum adiponectin was assessed, enabling a more direct comparison of the relative potencies of INT131 and pioglitazone 45 mg as selective PPARγ modulators. The mean change in adiponectin from baseline to Week 24 with LOCF (last observation carried forward) was 0.05 µg/mL for the placebo group, 0.56 µg/mL for the INT131 0.5 mg group, 1.28 µg/mL for the INT131 1 mg group, 3.27 µg/mL for the 2 mg group, 3.83 µg/mL for the INT131 3 mg group, and 2.96 µg/mL for the pioglitazone 45 mg group. Therefore, in a manner quantitatively different from the effects on HbA_{1c}, where the INT131 dose roughly equivalent to pioglitazone 45 mg is between 2 mg and 3 mg, a dose of INT131 between 1 mg and 2 mg was equivalent to pioglitazone 45 mg for increasing adiponectin levels.

Surprisingly, administration of INT131 at either 2 or 3 mg resulted in a greater upregulation of serum adiponectin levels than did administration of at least 22 times the amount of pioglitazone. Small amounts of INT131 are at least as efficacious in treating diseases in which adiponectin levels are reduced as are other drugs which also increase adiponectin levels. Since INT131 crosses the blood brain barrier more readily than other PPARγ agonists, less INT131 is required to achieve the same increase adiponectin, and INT131 has fewer side effects than other PPARγ agonists, INT131 is a superior treatment for neurological diseases.

Administration of 1, 2, or 3 mg of INT131 treats patients suffering from diseases in which prevention or inhibition of adiponectin level decreases, or increasing adiponectin levels, may be beneficial (e.g. progressive supranuclear palsy).

Example 2: INT131 is a Potent Upregulator of Adiponectin in Healthy Subjects

Method

A study was conducted to determine the effect of INT131 on serum adiponectin levels. Thirty healthy subjects were

randomly selected to receive either placebo, 0.1 mg INT131, 1 mg INT131 or 4 mg INT131 daily for 14 days. To measure adiponectin levels blood was drawn at Days 1, 4, 8 and 14. Results

From Day 1 to Day 14 administration of placebo and 0.1 mg INT131 resulted in no significant change in serum adiponectin levels and further administration of 0.1 mg INT131 resulted in no significant change in adiponectin levels over placebo. See FIG. 1. However, administration of 1 mg or 4 mg INT131 resulted in a significant change in serum adiponectin levels over placebo and a significant change from Day 1 to Day 14. Thus, administration of INT131 is capable of upregulating adiponectin in healthy individuals (i.e. subjects without reduced adiponectin levels as a result of a disease or disorder).

Since INT131 upregulates adiponectin, even if a subject's adiponectin level has not been reduced by disease or disorder, upregulation of adiponectin in a subject with progressive supranuclear palsy may be beneficial in delaying progression of signs and symptoms of the disease.

Example 3: INT131 is Neuroprotective in Neurodegenerative Disease and is Useful in Treating PSP

Methods

227 treatment-naive adult subjects (mean age 31 [range 18-50]; 65% female) were randomized into one of three arms: oral CHS-131 at 3 mg (n=76); oral CHS-131 at 1 mg (n=76); placebo (n=75), at 21 sites in Russia. 97% completed Part 1. Inclusion criteria: Relapsing Remitting Multiple Sclerosis (RRMS) for ≤ 3 years, ≥ 1 gadolinium-positive lesion within 1-year of enrollment, and an EDSS ≤ 6 at screening. The patients underwent monthly MRI examinations with contrast to identify new inflammatory lesions. All Mills were read blinded at the Buffalo Neuroimaging Center (Buffalo, N.Y.). In addition to CE lesions the images were scored for cumulative new/enlarged T2 lesions, and serial cortical and whole brain volumetric analysis.

Results

CHS-131 treatment resulted in a dose-dependent reduction in cumulative CE lesions over 6 months (complete case

analysis). 3 mg daily reduced CE lesion burden by 52% (4.2 lesions [LSMean 3.10]) vs. placebo (7.8 [LSMean 6.49]) (p=0.003). 1 mg treatment was less robust—21% reduction vs. placebo (7.6 [LSMean 5.15]) (p=ns). New/enlarged T2 lesions were reduced by 30% (3 mg)(p=0.0767) and 14% (1 mg)(p=ns) compared to placebo.

In addition to the dose-dependent anti-neuroinflammatory effects, CHS-131 treatment appeared to attenuate gray matter volume loss at 6-months. Compared to placebo, there was 34.2% less cortical volume loss and 50% less whole brain volume loss in the 3 mg cohort. Volume losses in the 1 mg treatment group were similar to placebo at 6 months. See, FIG. 2.

These data demonstrate that CHS-131 is neuroprotective. Therefore, administration of CHS-131 to a subject with progressive supranuclear palsy may be beneficial in delaying progression of signs and symptoms of the disease.

Other Embodiments

It is to be understood that while the invention has been described in conjunction with the detailed description thereof, the foregoing description is intended to illustrate and not limit the scope of the invention, which is defined by the scope of the appended claims. Other aspects, advantages, and modifications are within the scope of the following claims.

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Asn Asp Leu Lys Ser Ile Arg Thr Gln Glu Lys Ala Gln Leu Gln Asp
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Leu Asn Asp Arg Phe Ala Ser Phe Ile Glu Arg Val His Glu Leu Glu
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Gln Gln Asn Lys Val Leu Glu Ala Glu Leu Leu Val Leu Arg Gln Lys
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His Ser Glu Pro Ser Arg Phe Arg Ala Leu Tyr Glu Gln Glu Ile Arg
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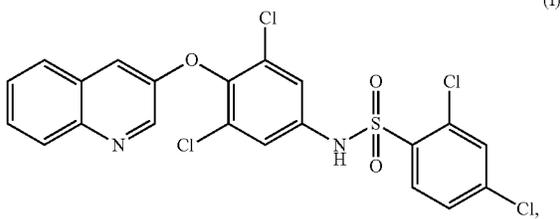
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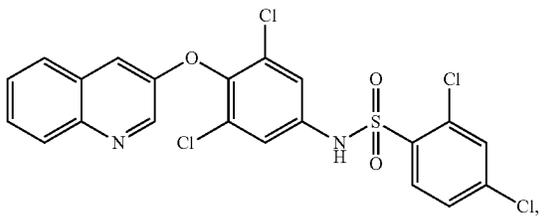
What is claimed is:

1. A method of treating progressive supranuclear palsy in a subject in need thereof comprising administering to the subject a pharmaceutical composition comprising a therapeutically effective amount of a compound of formula (I),



or a pharmaceutically acceptable salt thereof.

2. A method of treating the symptoms of progressive supranuclear palsy in a subject in need thereof comprising administering to the subject a pharmaceutical composition comprising a therapeutically effective amount of a compound of formula (I),



or a pharmaceutically acceptable salt thereof.

3. The method of claim 1, wherein the compound of formula (I), or a pharmaceutically acceptable salt thereof is given prophylactically.

4. The method of claim 3, wherein onset of progressive supranuclear palsy signs and symptoms are delayed.

5. The method of claim 1, wherein the compound of formula (I), or a pharmaceutically acceptable salt thereof is given to the subject in need thereof within one week of diagnosis of progressive supranuclear palsy.

6. The method of claim 5, wherein progression of progressive supranuclear palsy and symptoms thereof is impeded.

7. The method of claim 1, wherein the compound of formula (I) is in the form of a besylate salt.

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8. The method of claim 1, wherein the therapeutically effective amount is from about 0.1 to about 15 milligrams.

9. The method of claim 8, wherein the therapeutically effective amount is from about 1 to about 10 milligrams.

10. The method of claim 9, wherein the therapeutically effective amount is from about 2 to about 6 milligrams.

11. The method of claim 10, wherein the therapeutically effective amount is about 3 milligrams.

12. The method of claim 1, wherein the pharmaceutical composition is administered to the subject daily.

13. The method of claim 2, wherein the compound of formula (I) is in the form of a besylate salt.

14. The method of claim 2, wherein the therapeutically effective amount is from about 0.1 to about 15 milligrams.

15. The method of claim 14, wherein the therapeutically effective amount is from about 1 to about 10 milligrams.

16. The method of claim 15, wherein the therapeutically effective amount is from about 2 to about 6 milligrams.

17. The method of claim 16, wherein the therapeutically effective amount is about 3 milligrams.

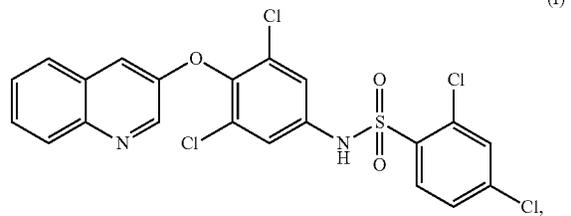
18. The method of claim 2, wherein the pharmaceutical composition is administered to the subject daily.

19. A method of treating progressive supranuclear palsy in a subject in need thereof comprising:

selecting a subject having an elevated level of neurofilament light chain protein in a sample from the subject compared to a reference level of neurofilament light chain protein;

wherein the sample comprises cerebrospinal fluid, blood, serum, or plasma; and

administering to the subject a pharmaceutical composition comprising a therapeutically effective amount of a compound of formula (I),



or a pharmaceutically acceptable salt thereof.

20. The method of claim 19, wherein the therapeutically effective amount is from about 1 to about 10 milligrams.

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